



Local 484 Work Dues Assignment Authorization

Name: _____

Union Affiliation: _____

Job Title: _____

Production: _____

Start Work Date: _____

Effective immediately, I, the undersigned, assign to IATSE Local 484, Studio Mechanics of Texas and Oklahoma, three percent (3%) of all wages earned and to be earned by me as an employee while working on this production or any other covered production. I authorize and direct the employer(s), through their payroll company(s), to deduct said three percent (3%) from my wages and remit the same to Local 484, retroactive to my date of hire.

This assignment shall be irrevocable for a period of either one year or until the termination of the applicable collective bargaining agreement between this production or any other covered production and the Local, whichever is sooner, and shall be automatically renewed, with the same irrevocability, for a successive like period, unless terminated by the undersigned in writing not more than twenty and not less than ten days prior to the expiration of such period.

Signature

Date

PRODUCTION:
Please send signed copies to the 484 Union Office and Payroll Company

International
Alliance of
Theatrical
Stage
Employees

LOCAL 484

Laura King, Business Manager
4818 E Ben White Blvd, Suite 204, Austin, TX 78741
(512)385-3466 (o) • (512)423-5573 (c)



Local 484 Optional Additional Assignment Authorization

Name: _____

Union Affiliation: _____

Job Title: _____

Production: _____

Start Work Date: _____

I authorize and direct the employer(s), through their payroll company(s), to deduct the optional additional withholding selected below from my wages and remit the same to Local 484, as of the listed date.

This assignment shall be irrevocable for a period of either one year or until the termination of the applicable collective bargaining agreement between this production or any other covered production and the Local, whichever is sooner, and shall be automatically renewed, with the same irrevocability, for a successive like period, unless terminated by the undersigned in writing not more than twenty and not less than ten days prior to the expiration of such period.

\$1 \$5 \$10 or \$_____ contributed per week for the Local 484 Member Emergency Fund

\$1 \$5 \$10 or \$_____ contributed per week for the Local 484 PAC Fund

Signature

Date

PRODUCTION:
Please send signed copies to the 484 Union Office and Payroll Company