



IATSE LOCAL 487
P.O. Box 16315
Baltimore, MD 21210
410.732.0414

ASSESSMENT PAYROLL DEDUCTION CONSENT FORM

Effective from date of hire, I do hereby authorize deduction of and assign to Mid-Atlantic Studio Mechanics and Broadcast Technicians Local 487 of the International Alliance of Theatrical Stage Employees the sum of three percent **(3%)** of **all wages earned** from my current and any future employer and/or its payroll company working under an I.A.T.S.E. Collective Bargaining Agreement **within the Local 487 jurisdiction, including Maryland, Washington, DC and Virginia**, without regard to any other I.A.T.S.E. Local affiliation, and authorize and direct the current and any future employer and/or its payroll company to deduct such sum from my wages and to remit the same to said Union (I.A.T.S.E. Local 487) as a work assessment.

This assignment shall be irrevocable unless terminated by the undersigned, in writing.

Print Full Name _____

Home Address _____

City, State, Zip _____

Phone _____

Social Security# _____

Signature: _____