



NORTHERN CALIFORNIA LABORERS VACATION-HOLIDAY DUES SUPPLEMENT AUTHORIZATION

I, _____, hereby authorize
(Print Name)

the Laborers Vacation-Holiday Trust Fund for Northern California to deduct the Dues Supplemental amount specified in Section 28D of the NORTHERN CALIFORNIA LABORERS MASTER AGREEMENT; and any extensions and modifications thereof; and successor agreements thereto, *(or the same or similar agreements to which the NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS is a party)* from my undisbursed Vacation-Holiday Benefit, for all hours paid for or worked by me, on and after August 1, 1974 and remit said Supplemental Dues amount directly to the NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS.

This authorization may be revoked by me, in writing to the Laborers Vacation-Holiday Trust Fund, within the 30 day period prior to the expiration of said NORTHERN CALIFORNIA LABORERS MASTER AGREEMENT; and any extensions and modifications thereof; and successor agreements thereto; (or such other applicable agreement) or one year from the date hereof whichever is sooner. If not revoked, this authorization shall be deemed as renewed from year to year thereafter.

PLEASE COMPLETE THIS FORM IN FULL AND PRINT OR TYPE IN BLACK INK ONLY.

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First Name

Middle Initial

Last Name

Street Address

City

State

Zip

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Social Security No.

No. Ca. Local Union No.

Signature of Laborer

Date Signed

NORTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS

5672 Stoneridge Drive, Suite 200 | Pleasanton, CA 94588-8607

Telephone: 925-469-6800

Distribution:

- Local Union File

- NCA Laborers Trust Fund Office, (5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588)

OFFICE USE ONLY

LOCAL UNION OFFICE	TRUST FUND OFFICE	
Quality Check-off	Received By:	Received Date:
Local:	Reason(s) for Rejection:	
Date:	<input type="checkbox"/> Illegible	<input type="checkbox"/> Missing Signature
Initials:	<input type="checkbox"/> Missing SSN	<input type="checkbox"/> Missing Local
	<input type="checkbox"/> No Member File	<input type="checkbox"/> Other