

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION  
LOCAL 109

**APPLICATION FOR MEMBERSHIP  
PAYROLL DEDUCTION AUTHORIZATION  
Form Instructions**

New applicants for membership in OPEIU Local 109 must provide  
The information in both the APPLICATION FOR MEMBERSHIP section (upper)  
and the PAYROLL DEDUCTION AUTHORIZATION section (lower)  
Including signatures in both sections.

Pilots desiring to only authorize Agency Fee deductions must complete only the  
PAYROLL DEDUCTION AUTHORIZATION section (lower)  
and submit a signed copy to the fax number below.

PLEASE PRINT CLEARLY; ILLEGIBLE FORMS MAY NOT BE  
ACCEPTED OT MAY RESULT IN DELAYED PROCESSING.

IT IS IMPORTANT that you sign the applicable section(s) of the  
Form prior to submission.

Please address any questions you may have to  
[Local109EB@amcpilots.com](mailto:Local109EB@amcpilots.com)

Please fax this form to: (334) 598-1032  
Or email the SAVED form to [office@autorotate.com](mailto:office@autorotate.com)  
Using the subject line: Membership Application – (last name)

Or mail to:

OPEIU Local 109  
354 S Daleville Ave Ste B  
Daleville, AL 36322



Visit the official Local 109 Website:  
[www.AMCPILOTS.com](http://www.AMCPILOTS.com)

Please e-mail to: [office@autorotate.com](mailto:office@autorotate.com) or fax this form to: 334-598-1032

OFFICE & PROFESSIONAL EMPLOYEES INTERNATIONAL UNION  
LOCAL 109

**APPLICATION FOR MEMBERSHIP**

I hereby make application for admission to membership in Office & Professional Employees International Union and its Local 109 and authorize such organization to be my exclusive collective bargaining representative.

Name (Please Print) \_\_\_\_\_ SSN xxx-xx- \_\_\_\_\_  
Street Address \_\_\_\_\_ Employee Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Personal E-Mail \_\_\_\_\_  
Occupation PILOT (Check One)  R/W  F/W Date of Hire \_\_\_\_\_  
Name of Company AIR METHODS CORPORATION Base \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

-----

**PAYROLL DEDUCTION AUTHORIZATION**

(Please Print)

"I \_\_\_\_\_, do hereby authorize and direct my employer, Air Methods Corp., to deduct from my wages for remittance to the Secretary-Treasurer of the Office and Professional Employee International Union, Local 109, periodic dues, assessments and/or initiation fee or agency fee uniformly levied in accordance with the Constitution and Bylaws of OPEIU Local 109, I further authorize and direct my employer to deduct from my wages for remittance, as set forth above, the total or balance of unpaid dues, assessments and/or initiation fee or agency fee due and owing the union at the time my employment with AMC ends.

I agree that this authorization shall be irrevocable for the term of The Collective Bargaining Agreement, or for the period of (1) year from the date this authorization is first executed, whichever occurs sooner. Revocation shall be effective when I serve written notice on the AMC payroll department to revoke this authorization for payroll deduction.

My authorization for payroll deduction shall automatically be revoked if:

- A. I am transferred to a position with the Employer not covered by the agreement;
- B. My service with the employer is terminated;
- C. I am furloughed; or

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Personal E-mail \_\_\_\_\_ for confirmation of receipt.