



**TEAMSTERS Local #502**  
 State of Pennsylvania  
 Commonwealth Association of School Administrators  
 855 N. Broad Street \* Philadelphia, PA 19123 ( 215) 236-7222 \* FAX (215) 236-9230 \* E-mail casapresident502@gmail.com



**MEMBERSHIP APPLICATION**

**MEMBERSHIP PLEDGE**

I, the undersigned, hereby apply for admission to membership in the above Local Union and voluntarily choose and designate as my representative for purposes of representation with my employers, hereby revoking any contrary designation. If admitted to membership, I agree to abide by the Constitution of the International as well as the Local Union by-laws which are not in conflict with International laws and thereupon accept and assume the following oath of obligation: I pledge my honor to faithfully observe the Constitution and laws of the International Brotherhood of Teamsters. I pledge that I will comply with all the rules and regulations for the government of the International Union and this Local Union. I will faithfully perform all the duties assigned to me to the best of my ability and skill. I will conduct my self at all times in a manner as not to bring reproach upon my Union. I shall take an affirmative part in the business and activities of the Union. I will never discriminate against a fellow worker on account of creed, color or nationality. I will at all times bear true and faithful allegiance to the International Brotherhood of Teamsters and this Local Union.

Have you ever been a member of a Teamster Local Union? \_\_\_\_\_

If yes, what Local union No.? \_\_\_\_\_

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**AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTIONS**

I hereby authorize the School District of Philadelphia to deduct from my earnings each pay period the amount necessary to pay professional dues to the Commonwealth Association of School Administrators - Teamsters Local No. 502 as set forth in the official notification filed by the Association with the Superintendent of Schools. The amount so deducted shall be transmitted to the Commonwealth Association of School Administrators - Teamsters Local No. 502 in accordance with the memorandum between the Association and the School District. This authorization may be revoked by me only during the period between August 15 and September 15 of each calendar year or following 90 days written notice to the Association and School District. Such revocation to become effective with the next succeeding pay period.

Date \_\_\_\_\_ SS# \_\_\_\_\_ Employee ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Print Name \_\_\_\_\_  
 Last First Middle

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Position Title \_\_\_\_\_ School/Office \_\_\_\_\_

*Dr. Robin P. Cooper, President*  
*Keith W. Arrington, Sr., Secretary/Treasurer*  
*Tehran Caldwell, Trustee*

*Dr. Carol Domb, Vice President*  
*David Lugo, Recording Secretary*  
*Thomas Sharer, Trustee*

*Lawrence King, Trustee*