



Commonwealth Association of School Administrators
Teamsters Local No. 502



855 North Broad Street - Philadelphia, PA 19123
Phone 215-236-7222 - Fax 215-236-9230 - E-mail casa502@aol.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 myself 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.?

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTIONS

I hereby authorize the School District 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 Personal E-mail

Signature

Print Name LAST FIRST MIDDLE

Home Address

CITY STATE ZIP

Home Telephone # Work #

Position Title

School or Office

School District Date of Birth