



**THEATRICAL EMPLOYEES B18, IATSE  
ASSESSMENT CHECK OFF AUTHORIZATION FORM**

Please Print Name \_\_\_\_\_  
Last First Middle Initial

TO: \_\_\_\_\_  
(Enter Name of Employer)

Effective immediately, the undersigned assigns to Theatrical Stage Employees Union Local B18, I.A.T.S.E., an assessment of one percent (1%) and capped annually at two hundred dollars (\$200) of all wages earned and to be earned by the undersigned as an employee, and authorizes and directs his/her employer to deduct such one percent (1%) and capped annually at two hundred dollars (\$200) from the undersigned's wages and to remit the same monthly to said union.

This assignment shall be irrevocable for the period of either one (1) year or until termination of the applicable collective bargaining agreements, whichever is sooner, and shall automatically be renewed, with the same irrevocability, for successive like periods unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to the expiration of such period.

In signing this Check Off Authorization, I do so voluntarily, knowing that it is not a condition of employment, and intending that the amounts deducted and remitted to Local B18 I.A.T.S.E. to help defray the cost of operating said Union.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)