



**Form For Check-Off of Dues, Assessments  
and "Dues" Portion of Service Charges**

TO: Endeavor Air, Inc.

I, \_\_\_\_\_, hereby authorize and direct Endeavor Air, Inc. to deduct from my pay such monthly dues (1.85% as of January 1, 2020, or such other amount as may be set by the Association), assessments and service charges equivalent to such dues as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association, and as defined in **Section 29** of the Labor Agreement for remittance to the Air Line Pilots Association, International. I agree that this authorization will be irrevocable for one year from the date hereof or until termination of the check-off agreement between Endeavor Air, Inc., and the Association, whichever occurs sooner.

If the check-off agreement is terminated, this authorization will be automatically terminated. In the absence of a termination of the check-off agreement, this authorization may be revoked effective as of any anniversary date of the signing hereof by written notice given by me to Endeavor Air, Inc. by certified mail, return receipt requested, during the ten days immediately preceding any such anniversary. This form does not revoke an existing check-off form unless and until it has been duly executed by the employee.

ALPA Member Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

Employee Number \_\_\_\_\_ Location \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please Return this Form to ALPA Membership Administration Department.***

Email: Membership@alpa.org

Fax: 703-464-2115

Mail: Air Line Pilots Association, Int'l  
c/o Membership Administration Department  
7950 Jones Branch Drive Ste 400S  
McLean, VA 22102

***Disclosure Statement Required by Federal Tax Law***

*Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.*