



**Assignment and Authorization for Checkoff of  
Association Dues, Assessments and Service Charges**

TO: Hawaiian Airlines, Inc.

I, \_\_\_\_\_, hereby authorize and direct Hawaiian Airlines, Inc. to deduct from my pay such monthly dues as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association, assessments, and service charges in an amount equal to such dues, for remittance to the Air Line Pilots Association. I agree that this authorization shall be irrevocable for one year from the date hereof or until termination of the checkoff agreement between Hawaiian Airlines, Inc. and the Association, whichever occurs sooner.

If the checkoff agreement is terminated this authorization shall be automatically terminated. In the absence of a termination of the checkoff agreement, this authorization may be revoked effective as of any anniversary date of the signing hereof by written notice given by me to Hawaiian Airlines, Inc. and the Association by registered mail, return receipt requested, during the ten (10) days immediately preceding any such anniversary.

Amount to be deducted each month 1.85% of gross income.

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

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

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

Employee Number \_\_\_\_\_ Domicile \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please Return This Form To ALPA Membership Administration Department.*

E-mail: [Membership@alpa.org](mailto: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.*