



CHECKOFF FORM

*Assignment and Authorization Form Payment of Association Service Charge and Dues*

Do you hereby authorize and direct Piedmont Airlines, Inc., to deduct from your pay such monthly dues as are now or may hereafter be established in accordance with the Constitution and By-Laws of the Association, or service charge in an amount equal to such dues, for remittance to the Air Line Pilots Association?

YES

NO

If yes, you agree that this authorization shall be irrevocable for one year from the date hereof or until termination of the check-off agreement between Piedmont Airlines, Inc., and the Association, whichever occurs sooner.

If the check-off agreement is terminated, this authorization shall 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 Piedmont Airlines, Inc., and the Association by Certified Mail, Return Receipt Requested, during the ten (10) days immediately preceding any such anniversary.

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

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

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

Payroll or Employee Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

E-mail: 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.*

*However, they may be tax deductible as ordinary and necessary business expenses.*

**SAVE**

**PRINT**

**SUBMIT**

**CLEAR**