PSA / PLA Inside Wireman / Sound & Communication Subscription Agreement

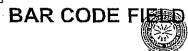
COMPANY NAME:				
PROJECT NAME:	#			
SOCIAL SECURITY N	UMBER: / /			
CA Driver's LICEN	SE NUMBER:			
LAST NAME:				
FIRST NAME:	MIDDLE INITIAL:			
Address:				
CITY:	STATE: CA ZIP:			
DATE OF BIRTH:	//			
PHONE NUMBER:	<u> </u>			
CLASSIFICATION:	SUBSCRIPTION AGREEMENT: Inside Wireman Sound &			
	Sound & Communication Installer			
Working As:	□ JW			
	APPRENTICE CA STATE CERTIFICATION #:			
REGISTERED IN STA	TE APPROVED APPRENTICESHIP PROGRAM: YES NO			
REGISTERED AS AN SEX: MALE	ELECTRICAL TRAINEE WITH THE STATE: YES NO			
ETHNICITY: WHITE	BLACK ASIAN FLPN AMERIND HSPN OTHER			
	OFFICE USE ONLY			
COMPANY NAME:				
SOUND CARD: CVH: LOCAL UNION DUES:				
HIRING HALL PAID T	HRU: (MM/YY)/			
DATED:	INITIALS:			



SOUTHERN CALIFORNIA IBEW - NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040 (323) 221-5861 or (800) 824-6935 Fax (323) 726-3520

Malling Address: P.O. Box 910918 Los Angelès, CA 90091



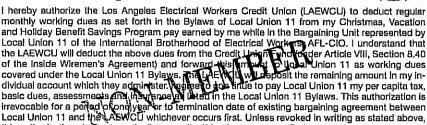
NON-MEMBER

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Beneficiary	for Life Insura	nce		Relationshi	p	
Beneficiary	/s Social Secu	rity Number		Beneficiary	's Date of Birth	
Address of	f Beneficiary					
Addiession	·	(Street)	(0	ity)	(State)	(Zip)
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Social Security No.: ____



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I.B.E.W. Union Dues Deduction Authorization

I hereby authorize any sound industry employer, subject to the 9th District Sound & Communications Agreement, by whom I am employed, to deduct regular monthly working Union dues from my wages as set forth in the applicable Local Union By-Laws, or earned by me while in the Bargaining Unit expression by the International Brotherhood of Electrical Workers, AFL-CIO, in accordance with the provisions of the Agreement between the Company and the Union. I understand that such deductions are to be made for all earnings worked from the date of hire and each pay period thereafter. This authorization is irrevocable for a period of one year or upon termination date of the existing bargaining agreement between the I.B.E.W. and the Company, whichever occurs first. Unless revoked in writing, as stated above, this authorization shall automatically renew itself for the terms specified.

Date:	Soc. Sec. No.:
Name:	Signature:
Witness:	and 11 21