

## SECTION 1: WORKING DUES ASSESSMENTS AUTHORIZATION

I hereby assign to Local 25, International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO from the vested contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum as set forth in Article II, Paragraphs (C) and (D) of the Iron Workers Local 25 By-Laws. This is in accordance with the International Constitution of Bridge, Structural, Ornamental and Reinforcing Iron Workers.

## SECTION 2: TARGETING FUND ASSESSMENTS AUTHORIZATION

I hereby assign to Local 25, International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO from the vested contributions made by my employer(s) to Iron Workers Local 25 Vacation Fund the sum as set forth in **Article XII, Paragraph (F)** of the Iron Workers Local 25 By-Laws. These contributions will be used for maintaining and promoting any type of work within the realm of the Organized Iron Working industry within the jurisdiction of Iron Workers Local 25 as per Article XIV (Organizing) Local 25 By-Laws

**Name** \_\_\_\_\_  
(Please Print Full Name)

**Home Address** \_\_\_\_\_  
Street City State Zip

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Home Local #** \_\_\_\_\_ **Union Book #** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Email address:** \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

In order to comply with the Affirmative Action policy of the DOL we ask that you provide us with the following information. Your voluntary cooperation is appreciated with this DOL information.

\_\_\_\_\_ African American                      \_\_\_\_\_ Caucasian (Other)  
\_\_\_\_\_ American Indian/Alaskan Native                      \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander



**Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Iron Workers' Local No. 25**  
**P. O. Box 965**  
**Novi, MI 48376-0965**  
**248-344-9494**  
**FAX: 248-305-8468**  
**E-mail: [union@ironworkers25.org](mailto:union@ironworkers25.org)**

Local No. 25 Fringe Benefit Funds  
800-572-8553