

NOTE TO NEW MEMBER: Please fill out two (2) copies of this assignment.

MEMBER: _____

Please print name.

Address

City State ZIP

FOR OFFICE USE ONLY:

Publisher's copy	_____	Dues	\$ _____
		Assessment	\$ _____
Guild's copy	_____	Total	\$ _____

ASSIGNMENT AND AUTHORIZATION TO DEDUCT GUILD MEMBERSHIP DUES

TO: MaineToday Media, Inc.

I hereby assign to the Portland Newspaper Guild, and authorize the Publisher to deduct from any salary earned or to be earned by me as his employee, an amount equal to all my Guild membership dues and assessments, as certified by the Treasurer of the Portland Newspaper Guild, for each weekly pay period following the date of this assignment. I further authorize the Publisher to remit the amount deducted to the Portland Newspaper Guild not later than the Friday following the last day of each weekly pay period.

This assignment and authorization shall remain in effect until revoked by me, but shall be irrevocable for a period of one year from the date appearing below or until the termination of the collective bargaining agreement between yourself and the Guild, whichever occurs sooner. I further agree and direct that this assignment and authorization shall be continued automatically and shall be irrevocable for successive periods of one year each or for the period of each succeeding applicable collective agreement between the Publisher and the Guild, whichever periods shall be shorter, unless written notice of its revocation is given by me to the Publisher and to the Guild by registered mail not more than thirty (30) days and not less than fifteen (15) days prior to the expiration of each period of one year, or of each applicable collective agreement between the Publisher and the Guild, whichever occurs sooner. Such notice of revocation shall become effective for the calendar month following the calendar month in which the Publisher receives it.

This assignment and authorization supersedes all previous assignments and authorizations heretofore given by me in relation to my Guild membership dues.

Employee's signature _____

Date _____