



## Pledge

SEC. 157. Each applicant before becoming a member shall take the following pledge or oath of obligation:

I, (state name) \_\_\_\_\_, in the presence of this Local Union, do truly promise and pledge my word of honor that I am familiar with the provisions and requirements of the Constitution and By-Laws of the United Association and that I will not perform any act in any way prejudicial to the best interest of the United Association, but will at all times endeavor to promote its prosperity and usefulness. I hereby agree to remain loyal and true to the principles and policies and to be governed by the Constitution and By-Laws and Ritual of the United Association and the Local Union in any and all matters now or that may hereafter be included therein. I further pledge that I will faithfully attend all meetings of the Local Union unless prevented by sickness or other causes beyond my control. I will at all times assist members of the United Association to the extent of my ability, defend them when unjustly treated or slandered, and cultivate for each and every member the warmest friendship and brotherly love. I will assist unfortunate or distressed members to procure employment.

I do further promise and swear that I am not a member of any organization advocating the overthrow by force and violence of the Government of the United States or of Canada.

I take this obligation voluntarily, without any mental reservation, and bind myself until death under the penalty of scorn due to moral perjury and violated honor as one unworthy of trust or assistance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

CRAFT MAINTENANCE COUNCIL  
Lake Buena Vista, Florida

I, \_\_\_\_\_, hereby authorize Walt Disney World CO. to deduct from wages due and payable to me on the first regular pay day of next month and on the first regular pay day of each succeeding month the amount of **\$22.00 Per Month plus 1.5% Check Off.**

An amount equal to the monthly membership dues of Local No. 803 of the Plumbers Unions, and hereby authorize the Company to pay this amount to Local No. 803, for my account on or before the 15<sup>th</sup> day of the calendar month following the month in which the deduction is made. I further authorize the Company to deduct from my wages; an amount equal to the initiation fee of said Union in the amount of **\$.00** in not more than (4) equal deductions. This authorization is voluntarily made in order to pay my fair share of the Unions cost of representing me for the purposes of collective bargaining, and this authorization is not conditioned on my present or future membership in the Union. I understand that I may revoke this authorization by so notifying the Company and the Union in writing, during the calendar month four year from the date of this authorization; or during that same calendar month in any succeeding year; or within the fifteen (15) days prior to the termination date of the collective bargaining agreement between the Company and Local No. 803. The payments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.

ORIGINAL COPY TO:  
Payroll Department  
P.O. Box 10,000  
Lake Buena Vista, FL 32830

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Original Authorization Date

\_\_\_\_\_  
Walt Disney World Co

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Job Classification

\_\_\_\_\_  
Dept

\_\_\_\_\_  
Dept. # and Ext. #

Card No. \_\_\_\_\_

LAST (PRINT) \_\_\_\_\_

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

SSN/SIN \_\_\_\_\_

**United Association of Journeymen & Apprentices of the Plumbing  
and Pipefitting Industry of the United States and Canada**

**BENEFICIARY OF BURIAL EXPENSE**

**(Mail completed form to your Local Union)**

To the Secretary of Local \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

In compliance with the provisions of the Constitution of the United Association of which I am a member I hereby designate \_\_\_\_\_

Relationship \_\_\_\_\_ as the person to whom shall be paid any "Burial Expense Benefit" to which I may be entitled at the time of my death. This individual will be responsible for the payment of my funeral expense. I understand that if the aforementioned party does not assume responsibility for my burial expense, the benefit will be paid to the party who does or the party who is more equitably entitled. (Beneficiary must be at least 18 years of age)

WITNESS:

Dated this \_\_\_\_\_ day of \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Member's Signature)

