

INSTRUCTIONS

PRINT ALL PAGES

When completing the forms, PLEASE print legibly.

The first form is the Standard Form 1187.

*Complete blocks 1, 2, 3 and 4
In block 5, print your work site facility name. ie; AASF
Sign the block "signature of employee" at the bottom of the form
Date the form*

The second form is the Accidental Death and Dismemberment form. Every current member in good standing will designate a beneficiary to receive this benefit upon accidental death or dismemberment.

Complete every block on the form. As a reminder, please print legibly. Ensure that that you designate the relationship of your beneficiary. This is the most frequently omitted entry on the form, reinforcing the need for accuracy on this form

On page 3, we would like you to fill in the blanks so that we may add you to our database with sufficient information to contact you. You may omit any and all information, but we will appreciate all fields completed.

On page 4, fill out the second block (Member name). We'll use this to enter you in our National level recruiting contest. One lucky winner will win 250 bucks.

Once completed, send the SF1187, the AD&D form, your info and the recruiting form to the following address. Upon request, we'll reimburse you for the postage.

Send to:

*KLRC83 (Recruiter)
136 Neptune Drive
Radcliff, KY 40160*

If there are immediate concerns; please feel free to email or phone one of the following officers;

Daniel Newman	Daniel.newman1@us.army.mil
Michael Woosley	Michael.woosley@insightbb.com or 270-319-7031
David Zaucha	dzaucha@windstream.net or 502-299-3450

The Kentucky Long Rifle Chapter Board members want to thank you for joining our ranks and helping to solidify our efforts to efficiently represent you and your other union brothers and sisters. For every new member, our voice grows stronger, demonstrating our steadfastness. THANK YOU!

To determine what your dues would be, locate your hourly pay (or close to it) and then refer to the corresponding column to the immediate right and that would be the dues that would be deducted each payday.

Hourly	Dues	Hourly	Dues	Hourly	Dues	Hourly	Dues
\$16.50	\$9.24	\$20.25	\$11.34	\$24.00	\$13.44	\$28.00	\$15.68
\$16.75	\$9.38	\$20.50	\$11.48	\$24.25	\$13.58	\$28.25	\$15.82
\$17.00	\$9.52	\$20.75	\$11.62	\$24.50	\$13.72	\$28.50	\$15.96
\$17.25	\$9.66	\$21.00	\$11.76	\$24.75	\$13.86	\$28.75	\$16.10
\$17.50	\$9.80	\$21.25	\$11.90	\$25.00	\$14.00	\$29.00	\$16.24
\$17.75	\$9.94	\$21.50	\$12.04	\$25.25	\$14.14	\$29.25	\$16.38
\$18.00	\$10.08	\$21.75	\$12.18	\$25.50	\$14.28	\$29.50	\$16.52
\$18.25	\$10.22	\$22.00	\$12.32	\$25.75	\$14.42	\$29.75	\$16.66
\$18.50	\$10.36	\$22.25	\$12.46	\$26.00	\$14.56	\$30.00	\$16.80
\$18.75	\$10.50	\$22.50	\$12.60	\$26.25	\$14.70	\$30.25	\$16.94
\$19.00	\$10.64	\$22.75	\$12.74	\$26.50	\$14.84	\$30.50	\$17.08
\$19.25	\$10.78	\$23.00	\$12.88	\$26.75	\$14.98	\$30.75	\$17.22
\$19.50	\$10.92	\$23.25	\$13.02	\$27.00	\$15.12	\$31.00	\$17.36
\$19.75	\$11.06	\$23.50	\$13.16	\$27.25	\$15.26	\$31.25	\$17.50
\$20.00	\$11.20	\$23.75	\$13.30	\$27.50	\$15.40	\$31.50	\$17.64

Currently, dues are .7% of base pay.

To find your absolute payroll deduction, multiply your gross pay times .007

And don't forget, you might be able to claim your dues on your taxes, depending on forms used.



REQUEST FOR PAYROLL DEDUCTIONS FOR LABOR ORGANIZATION DUES

Privacy Act Statement

Section 5525 of Title 5 United States Code (Allotments and Assignments of Pay) permits Federal agencies to collect this information. This completed form is used to request that labor organization dues be deducted from your pay and to notify your labor organization of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

This record may be disclosed outside your agency to: 1) the Department of the Treasury to make proper financial adjustments; 2) a Congressional office if you make an inquiry to that office related to this record; 3) a court or an appropriate Government agency if the Government is party to a legal suit; 4) an appropriate law enforcement agency if we become aware of a legal violation;

5) an organization which is a designated collection agent of a particular labor organization; and 6) other Federal agencies for management, statistical and other official functions (without your personal identification).

Executive Order 9397 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it is used as the employee identification number, may mean that payroll deductions cannot be processed.

Your agency shall provide an additional statement if it uses the information furnished on this form for purposes other than those mentioned above.

1. Name of Employee <i>(Print or Type-Last, First, Middle)</i>	2. Employee Identification Number <i>(SSN or Other)</i>	3. Timekeeper Number
4. Home Address <i>(Street Number, City, State and ZIP Code)</i>	5. Name of Agency <i>(Include Bureau, Division, Branch or Other Designation)</i>	

Section A-For Use By Labor Organization

Name of Labor Organization *(Include Local, Branch, Lodge or Other Appropriate Identification)*

Kentucky Long Rifle Chapter (83)

I hereby certify that the regular dues of this organization for the above named member are currently established at \$.007 of base pay per

(biweekly pay period) ~~(calendar month)~~. *(Strike out whichever period is not appropriate, based on arrangement with the employee's agency.)*

Signature and Title of Authorized Official

Date *(Month, Day, Year)*

Section B-Authorization By Employee

I hereby authorize the above named agency to deduct from my pay each pay period, or the first full pay period of each month, the amount certified above as the regular dues of the (Name of Labor Organization):

_____ and to remit such amount to that labor organization in accordance with its arrangements with my employing agency. I further authorize any change in the amount to be deducted which is certified by the above named labor organization as a uniform change in its dues structure.

I understand that this authorization, if for a biweekly deduction, will become effective the pay period following its receipt in the payroll office

of my employing agency. I further understand that Standard Form 1188, Cancellation of Payroll Deductions for Labor Organization Dues, is available from my employing agency, and that I may cancel this authorization by filing Standard Form 1188 or other written cancellation request with the payroll office of my employing agency. Such cancellation will not be effective, however, until the first full pay period which begins on or after the next established cancellation date of the calendar year after the cancellation is received in the payroll office.

Contributions or gifts (including dues) to the labor organization shown at left are not tax deductible as charitable contributions. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Signature of Employee

Date *(Month, Day, Year)*

FOR COMPLETION BY AGENCY ONLY- The above named employee and labor organization meet the requirements for dues withholding. (Mark the appropriate box. If "YES", send this form to payroll. If "NO", return this form to the labor organization.)

YES	NO

A.C.T. ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE DESIGNATED BENEFICIARY FORM

All active dues paying members of the Association of Civilian Technicians are eligible for \$10,000.00 (Effec. 1/1/98) insurance coverage in the event of accidental death or dismemberment, including while riding as a passenger in civilian or military aircraft. The premium is being paid from the present dues structure with no additional cost to the member.

Please designate a beneficiary by completing the following form. Forward white copy to the National Office at 12620 Lake Ridge Dr., Lake Ridge, VA 22192 (along with a copy of the SF-1187, if a new member). The yellow copy is for the insured member and the pink copy should be retained by the chapter.

Please print clearly or type member's name.

Last Name :		First Name:		MI:	Social Security #:
Address:					
City:			State:	ZIP:	
Name of Beneficiary:			Beneficiary Address:		
Relationship:					
Verified By (Chapter Officer):					
Name of Chapter: Kentucky Long Rifle Chapter				Chapter #: 83	
Member's Status: (Check where appropriate)					
<input type="checkbox"/> New Member		<input type="checkbox"/> Change In Beneficiary		<input type="checkbox"/> Change in Address	
_____				_____	
<i>Member's Signature</i>				<i>Date</i>	

White = National Office

Yellow = Member

Pink = Chapter

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9/97

MEMBER INFO:

Last Name: _____ **Suffix:** _____

First Name: _____, **MI:** _____

Work Site: _____ **Sub-Shop:** _____ (ie; warehouse)

Work Phone: () _____ - _____

Are there Union Stewards in your area or facility?: Y or N If so, who?: _____

Work Email Address: _____

Home Email Address: _____ (where we can
send newsletters or other pertinent information)

Civilian Pay Grade: _____ **Supervisor Name:** _____

Birthday: Day: _____ **Month:** _____ **Year:** _____ (if you want)

Home Phone: () _____ - _____ **Cell Phone:** () _____ - _____ (if you want)

ASSOCIATION OF CIVILIAN TECHNICIANS



**OFFICIAL ENTRY FORM
2010
National ACT recruiting Campaign Contest**

Recruiter's Name: _____
Chapter of Record: _____
Home Address: _____
Home Phone: _____
Name of Person Recruited: _____
Date: _____

New Member Name: _____
Chapter of Record: _____
Home Address: _____
Home Phone #: _____
Date Recruited: _____

PLEASE TYPE OR PRINT FOR CLARITY.

To be eligible for ALL award drawings, the newly recruited members name must appear on a dues withholding roster for the Chapter reflecting pay periods through JUNE 15TH DEADLINE.

ALL MEMBERSHIP / CONTEST FORMS MUST ARRIVE AT THE NATIONAL OFFICE NLT JULY 1, 2010.

UNION OFFICIALS: AFTER LOCAL PROCESSING REQUIREMENTS, YOU MAY FAX THIS FORM WITH A COPY OF THE 1187 AND INSURANCE FORM TO: 703-494-0961 OR MAIL TO:

**ASSOCIATION OF CIVILIAN TECHNICIANS
NATIONAL RECRUITING CONTEST
12620 LAKE RIDGE DRIVE
LAKE RIDGE, VA 22192**

12620 Lake Ridge Drive
Lake Ridge, VA 22192
Tel: 703-494-4845
Fax: 703-494-0961
www.actnat.com

Duty...Dignity...Dedication"