

Application for Membership in

KENTUCKY TRANSPORTATION CABINET EMPLOYEES' ASSOCIATION

I, _____ desire to become a member of the Kentucky Transportation Employees Association. I also authorize the Transportation Cabinet, Commonwealth of Kentucky to deduct from my earnings my dues for the year beginning January 1, _____, and authorize the deduction of all future yearly dues.

Signature of Applicant

Please Complete:

Social Security # _____

Home Street Address _____

City State Zip _____

District, Division or Office _____

Crew Number _____

To be completed by Association

Member Number _____

Director recommending membership _____