

EXHIBIT A
DUES CHECK-OFF AUTHORIZATION FORM

I hereby request and voluntarily authorize my Employer to deduct from my paycheck each pay period, and to forward to the Seattle Local of SAG-AFTRA, my Union dues including any initiation fees, late fees and/or assessments (collectively "dues and fees") which I may owe to the Union in accordance with the Constitution and Bylaws of the Union.

By signing this Check-Off Authorization Form, I understand that if I leave this Employer, I remain obligated to pay SAG-AFTRA any owed dues and fees. This Form is irrevocable for a period of one year following my execution of it, or until the expiration of the station collective bargaining agreement, whichever occurs first. Afterwards, this Form is automatically renewed for successive one year periods unless I provide dated written notice of revocation of this Form, executed by me, and I send it to the Employer and to the Union.

I understand that SAG-AFTRA will review my dues and fees account annually and may change the amount of the deduction as needed to maintain payments commensurate with my dues and fees obligations.

This Check-Off Authorization was voluntarily executed by me on the date indicated below.

Signature: _____

Date: _____

Printed Name: _____

Station or Employer: _____

Union dues and initiation fees are not deductible as charitable contributions for Federal income tax purposes.

To Be Completed by SAG-AFTRA:

Amount of Deduction: _____

Effective Date: _____