



Organized April 8, 1888  
Meetings  
First Monday  
Every Month

**THEATRICAL STAGE EMPLOYEES, LOCAL NO. 4**  
**OF THE**  
**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES,**  
**MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS**  
**OF THE**  
**UNITED STATES, ITS TERRITORIES AND CANADA, AFL-CIO, CLC**  
**Phone (718) 252-8777 Fax (718) 421-5605**

Affiliated with the  
A.F.L. - C.I.O.  
Theatrical Federation  
Of Greater New York  
New York State Federation  
Of Labor  
United Hebrew Trades  
Union Label & Service  
Trades Dept.  
Central Trades And Labor  
Council

[www.iatselocal4.org](http://www.iatselocal4.org)

## Check-Off Authorization

**Employer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_, **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Effective immediately, the undersigned assigns to Theatrical Stage Employees, Local No. 4, IATSE, four percent (4.0%) of all wages earned and to be earned by him as an employee, and authorizes and directs his employer to deduct such percentage from his wages and to remit same to the Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of this agreement whichever is sooner, and shall be automatically renewed, with the same irrevocability for successive like periods, unless terminated by the undersigned in writing not more than twenty(20) nor less than ten(10) days prior to the expiration of such periods. Furthermore, the undersigned authorizes and directs his employer to provide Local No.4, IATSE with any/all employee information they may request.

**Name:** Michael A Abrams \_\_\_\_\_ **Soc Sec No. :** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No. :** \_\_\_\_\_  
**City:** \_\_\_\_\_, **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

Male

Female

Married

Single

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature