



CHECKOFF FORM

*Assignment and Authorization for Check-Off of
Association Dues and Assessments*

TO: Mesa Air Group

I, _____, hereby authorize and direct Mesa Air Group to deduct from my pay such monthly dues and or assessments as are now or may hereafter be established in accordance with the Constitution and By Laws of the Association, in an amount equal to such dues, for remittance to the Air Line Pilots Association, International. I agree that this authorization will be irrevocable for one (1) year from the date hereof or until termination of the check-off agreement between Mesa Air Group and the Association, whichever occurs sooner. If the check-off agreement is terminated, the authorization will be automatically terminated. In the absence of a termination of the check-off agreement, this authorization may be revoked effective as of any anniversary date of the signing hereof by written notice given by me to Mesa Air Group and the Association by registered mail, return receipt requested, during the ten (10) days immediately preceding any such anniversary date.

ALPA Member

Number _____

Street _____

Address _____

City _____ State _____ Zip _____

Employee

Number _____

Signature _____

Date _____

PLEASE RETURN THIS FORM TO ALPA MEMBERSHIP ADMINISTRATION DEPARTMENT.

E-mail: Membership@alpa.org

Fax: 703-464-2115

Mail: Air Line Pilots Association, Int'l
c/o Membership Administration Department
7950 Jones Branch Drive Ste 400S
McLean, VA 22102

Disclosure Statement Required by Federal Tax Law

Dues, contributions, and gifts to ALPA are not tax deductible as charitable contributions.

However, they may be tax deductible as ordinary and necessary business expenses.

SAVE

PRINT

SUBMIT

CLEAR