

**BRITISH COLUMBIA COUNCIL OF FILM UNIONS**



**PHONE (604) 983-5531**

**FAX (604) 983-5539**

**Payments for: Dues, Health and Welfare, Pension Fee Fringe**

**This form is to be used in conjunction with the permit form(s) specific to the applicable Council-member Union**

**Union (Circle One) IATSE 891 IATSE 669 Teamsters 155**

**Permit type (Circle One): 3.02 3.03 3.04 3.05**

**Employee: \_\_\_\_\_ Production: \_\_\_\_\_**

**Dues deducted? (Circle One) \_\_\_\_\_ Yes No \_\_\_\_\_**

Reason: (Check One Box only)

Paid to Affiliated Union Local Local #: \_\_\_\_\_

Specialized Equipment Operator (non-affiliated) Equipment: \_\_\_\_\_

**Health & Welfare fringe paid? (Circle One) Yes \_\_\_\_\_ No \_\_\_\_\_**

Reason: (Check One Box only)

Paid to Affiliated U.S. Union Health Plan Local #: \_\_\_\_\_

Forwarded to Affiliated Canadian Union Local Local #: \_\_\_\_\_

**Pension fringe paid? (Circle One) \_\_\_\_\_ Yes No \_\_\_\_\_**

Reason: (Check One Box only)

Paid to Affiliated U.S. Union Pension Plan Local #: \_\_\_\_\_

Forwarded to Affiliated Canadian Union Local Local #: \_\_\_\_\_

**Date: \_\_\_\_\_ per: \_\_\_\_\_**

**(Authorized Council-member Union Representative)**