

REFERRAL AND CHECK-OFF AUTHORIZATION AND ASSIGNMENT / APPLICATION FOR MEMBERSHIP
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
LOCAL #89
4161 Marvin Street, San Jose, CA 92128
Phone 619-111.2222

To: MAJOR CONTRACTOR, INC
Job Location: 7910 FROST ST SD
Directions: OFF THE 805 MESA COLLEGE DR

Project No. 65

Date: 02/21/2006 Time: 0630 Rate of Pay: As Per Collective Agreement
Benefits/Deductions: As Per Collective Agreement

I, the undersigned member of the Construction Labourers' and General Workers' Local Union 900, Labourers' International Union of North America (the "Union") hereby authorize my employer to deduct from my wages and to pay the Union or its authorized representatives initiation fees, working dues and membership dues, including uniform assessments, in such amounts as may be established by the Union from time to time, and to deduct from my wages and pay to such persons such other amounts for employee benefits or otherwise as may be authorized or agreed in accordance with any applicable agreement (collective or otherwise) between the Union and my employer or it's representative association.

I also authorize my employer (and the Union) to gather use the personal information listed below (the "Personal Information"), and to disclose the Personal Information to the Union, to the Labourers' Trust Fund (the "Administrator") and to other third parties necessary for the administration of my health, welfare, pension or other employee benefits provided by the Union ("Benefit Plans"). I also authorize my employer, the Union, the Administrator and other appropriate third parties to utilize my Social Insurance Number as a personal identifier for the purposes of administration of the Benefit Plans.

List of Personal Information That May be Disclosed: Certificate Number; Insurability; Contractor/Employer; number of hours worked and month of work; number of hours required to be eligible for Benefits; amount of premium required to be covered; Benefits covered under your Benefit Plan.

Partial List of Appropriate Third Parties: Trustees and Administrators of the Benefit Plans; insurers providing the Benefit Plans; the Union; Union Business Agents; my employers; Medical Practitioners; Paramedical Practitioners; Nurses; Hospital Personnel; Pharmacy Personnel; Dentist; Optical Supplier.

Name: JIMMY TALBINI
632 ESCUALA STREET
SAN JOSE, CA 92132

Soc. Sec.#:574-93-1368
Phone: (619)527-2571

Date of Birth: 02/13/1962

Business Representative

Per member's Signature On File

Date