

New England Health Care Employees Union, District 1199

77 Huyshope Avenue, Hartford, CT 06106
319 Broadway, Providence, RI 02909

Application for Union Membership or Acknowledgement of Obligation
To Pay Dues or Appropriate Agency Fees to the Union
(Private Sector)

If your collective bargaining contract contains a union shop provision, you must pay dues or appropriate agency fees to the union in order to work in the bargaining unit. You do not have to apply for union membership in order to work in the bargaining unit. Payment of regular union dues or appropriate agency fees will satisfy your obligation under the contract. **However, only union members can run for any union office or vote on contract demands, negotiating committees, contract settlements, strike calls, union representatives, Delegates or dues schedules.**

Please fill in the following information and then check one of the boxes below :

Name _____ Employee ID# _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Cell Phone () _____ HomePhone () _____

By providing my phone number, I understand that District 1199 may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. District 1199 will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text a reply "STOP" to stop receiving texts from 1199ne.

Home Email _____

Agency/Facility _____ Shift _____

Worksite/Dept/Unit _____ Job Title _____

Date Hired _____ Wage per Hour _____ Hours per Week _____

1. I wish to become a union member.

I hereby accept membership in the New England Health Care Employees Union, District 1199, and designate District 1199 to act for me as collective bargaining agent in all matters pertaining to conditions of employment. I hereby pledge to abide by the By-Laws of the New England Health Care Employees Union, District 1199.

Signed _____ Date _____

2. I choose not to become a union member but will pay regular union dues.

Signed _____ Date _____

3. I choose not to become a union member but will pay appropriate agency fees which consists of those union expenses that are germane to collective bargaining. The union will notify you, in writing, of the amount of the appropriate agency fees, as well as your right to contest the amount of the agency fees calculated by the union.

Signed _____ Date _____

CHECK-OFF AUTHORIZATION FOR DUES

(This Dues Check-Off Authorization
is for Employees who checked Boxes 1or2 on this card.)

You are permitted to pay by means other than check-off authorization but, if you do not utilize the check-off procedure, you must make alternative arrangements with the Union to pay dues or appropriate agency fees.

TO: _____
(Agency/Facility Name)

You are hereby authorized and directed to deduct an initiation fee if applicable from my wages or salary as required by the New England Health Care Employees Union, District 1199 as a condition of membership and, in addition thereto, to deduct each month my monthly membership dues from my wages or salary and to remit all such deductions so made to the New England Health Care Employees Union, District 1199 no later than the tenth of each month immediately following the date of deduction. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to both the employer and New England Health Care Employees Union, District 1199 during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and New England Health Care Employees Union, District 1199 whichever occurs sooner. This authorization shall be automatically renewed as irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in New England Health Care Employees Union, District 1199.

Contributions or gifts to New England Health Care Employees Union, District 1199 are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Name _____ Employee ID# _____

Address _____

Agency/Facility Name _____

Worksite/Dept/Unit _____ Job Title _____

Signed _____ Date _____

CHECK-OFF AUTHORIZATION FOR AGENCY FEES

(For Employees who checked Box 3 on the front of this card.)

You are permitted to pay by means other than check-off authorization, but if you do not utilize the check-off procedure you must make alternative arrangements with the Union to pay appropriate agency fees.

TO: _____
(Agency/Facility Name)

You are hereby authorized and directed to deduct agency fees from my wages or salary as required by the New England Health Care Employees Union, District 1199 and to remit all such deductions so made to the New England Health Care Employees Union, District 1199 no later than the tenth of each month immediately following the date of deduction. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. mail to both the employer and New England Health Care Employees Union, District 1199 during the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and New England Health Care Employees Union, District 1199 whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, irrespective of my membership in New England Health Care Employees Union, District 1199.

Contributions or gifts to New England Health Care Employees Union, District 1199 are not tax deductible as charitable contributions for Federal income tax purposes. However, they may be tax deductible under other provisions of the Internal Revenue Code.

Name _____ Employee ID# _____

Address _____

Agency/Facility Name _____

Worksite/Dept/Unit _____ Job Title _____

Signed _____ Date _____