

APPLICATION FOR MEMBERSHIP

STRENGTHENING OUR VOICE

SECTION 1. MEMBERSHIP AGREEMENT Membership in 1199SEIU is without regard to race, color, sex, sexual orientation, age, disability, religion, national origin, political belief or affiliation. **YES**, I want to join healthcare workers across the state for a stronger voice for quality healthcare, living wages, and good benefits. I accept membership in 1199SEIU United Healthcare Workers East and designate 1199 to act for me as collective bargaining agent in all matters pertaining to conditions of employment. I pledge to abide by the Constitution of 1199SEIU United Healthcare Workers East.

SIGNATURE  DATE

SECTION 2. CHECK OFF AUTHORIZATION* I recognize the need for a strong Union and believe everyone represented by our Union should pay their fair share to support our Union's activities. You are authorized and directed to deduct my monthly membership dues from my wages or salary as required by 1199SEIU United Healthcare Workers East as a condition of my membership; and to remit all such deductions to 1199SEIU United Healthcare Workers East, 498 Seventh Avenue, New York, NY 10018, no later than the tenth day of each month immediately following the date of deduction, or pursuant to the date provided in the Collective Bargaining Agreement. This deduction is a voluntary act on my part. This dues deduction authorization shall remain in effect unless I revoke it by providing notice to 1199SEIU via U.S. mail (or other method if permitted by 1199SEIU's policies) at 498 Seventh Ave NY, NY 10018 within 15 days before or after (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my employer and union ("my window periods"). This authorization will renew automatically from year to year even if I have resigned my membership, unless I revoke during one of my window periods and as required by 1199SEIU policies.

**I acknowledge that contributions, gifts, and dues payments to 1199SEIU United Healthcare Workers East are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.*

SIGNATURE  DATE

PRINT CONTACT INFO HERE

NAME (PRINT) _____ PCA# _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMAIL _____
LAST 4 DIGITS SSN _____ DATE OF BIRTH _____

By providing my phone number, I understand the Service Employees International Union, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 30644 to stop receiving messages. Text HELP to 30644 for more information.

I want to get involved in 1199SEIU! Please have an organizer follow up with me.

BUILDING OUR POWER

SECTION 3. 1199SEIU MASSACHUSETTS POLITICAL ACTION FUND The 1199SEIU Massachusetts Political Action Fund builds strength for healthcare and homecare workers. By uniting our voices and growing our political power, healthcare and homecare workers can be stronger advocates for our jobs and the people in our care. Elected officials make decisions that directly impact funding for our jobs and the services we provide. Together, we can elect leaders who respect healthcare and homecare workers and who honor the work that we do.

I hereby authorize 1199SEIU United Healthcare Workers East to file this payroll deduction form on my behalf with my employer to withhold **\$10 per month**, **\$15 per month** or **\$___ per month** and forward that amount to the 1199SEIU Massachusetts Political Action Fund, 498 Seventh Ave NY, NY 10018.

This authorization is made voluntarily based on my specific understanding that: (1) I am not required to sign this form or make voluntary contributions to the 1199SEIU Massachusetts Political Action Fund as a condition of my employment or membership in the union; (2) I may refuse to contribute without reprisal; (3) the contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear or disadvantage from 1199SEIU or my employer; (4) The 1199SEIU Massachusetts Political Action Fund uses the money it receives for political purposes, including but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices and addressing the political issues of public importance; (5) My contribution is subject to the limits and prohibitions of the Federal Election Campaign Act and Massachusetts Campaign and Political Finance law.

Contributions to the 1199SEIU Massachusetts Political Action Fund are not deductible as charitable contributions for federal income tax purposes. Federal law requires to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year and Massachusetts state law requires the same information on contributions that total \$50 in a calendar year. This authorization shall remain in full force and effect until revoked by me in writing to the 1199SEIU Massachusetts Political Action Department at 108 Myrtle Street, Suite 400, Quincy Massachusetts, 02171.

SIGNATURE  DATE

FOR INTERNAL USE ONLY



CARD COLLECTED BY: _____

LAST FOUR DIGITS OF COLLECTOR'S SSN# _____

CARD COLLECTED AT: TRAINING/ORIENTATION PPE CANVASS FI CONSUMER TAUGHT OTHER

