



Main # 240-235-2000, Facsimile # 240-235-2019

Please return form to: National Nurses United, 8630 Fenton Street, Ste. 1100, Silver Spring, MD 20910

National Nurses United
MEMBERSHIP APPLICATION - PAYROLL DEDUCTION AUTHORIZATION FORM

PLEASE PRINT:

Employee ID Number or Social Security Number Birth date

Last Name First Name Middle Name

Home Address City, State, Zip

Home Telephone Home Fax Home Email Address

Work Telephone Work Fax Work Email Address

1. Primary Employer (Facility) Name Hired Date
City Department/Unit
2. I am also employed at:
City Department/Unit

X Signature authorizes Membership in NNU Date signed

PAYROLL DEDUCTION AUTHORIZATION FORM FOR MEMBERS

I hereby authorize a deduction from my salary, under the rules and regulations of my employer, for payment to the National Nurses United (NNU) of my member dues as determined by the Bylaws and Standing Rules of NNU. The deduction will be either monthly or every two weeks or twice a month depending on the agreement between NNU and my employer. The current dues formula shall be certified to my employer by NNU and it is understood that such amounts may change in accordance with the dues formula. This authorization shall be irrevocable for one year, or until the expiration date of the current collective bargaining agreement, whichever shall come first, and shall thereafter be automatically renewable for successive periods at one year each, or the term of each succeeding collective bargaining agreement, whichever is the shorter period, unless written notice to terminate is given by me not more than 20 and not less than 10 days prior to the end of any such one-year anniversary date or expiration of any such collective bargaining agreement, whichever occurs sooner. Said written notice shall be given to my employer, with a copy served upon NNU. This authorization shall continue in effect and authorize the deduction from my salary for payment to NNU of agency or service fees, with the same revocability terms, in the event that I resign my membership in NNU at any time during my employment by my employer.

X Signature authorizes Payroll Deduction Date signed

