

**Nurses United of the National Capital Region
Authorization to Deduct Membership Dues or Agency Fee**

Name: _____ Employee Number: _____

Street Address: _____ Home/cell Phone: _____

City, State and Zip Code _____ Work Phone: _____

Unit/Department: _____ Title: _____ Hire Date: _____

Status (Circle One): Full-time 36-Hour Weekend Option Part-time eligible 110 Float Pool

Email Address: _____

1. Any employee has the **right to remain or become a non-member** and to pay an agency fee.
2. Any **agency fee payer is entitled to object** to paying for activities not germane to Nurses United's duties as a bargaining agent and to obtain further information about such activities and a reduction in fees for the costs of such activities. To file a timely objection following new hire or change in membership status, send a signed, dated, written statement to Nurses United at the address below within 30 days of the receipt of this form or within 30 days of the change in membership status.
3. This authorization to deduct dues or fees shall be **irrevocable for a period of one year from the date hereof or until the expiration of the present collective bargaining agreement between my employer and Nurses United, whichever is the shorter of the two periods, without regard to my membership status in Nurses United.**
4. **I may revoke this authorization only by giving written notice** of such revocation by mail to both the employer and the Nurses United, postmarked within the 10-day period prior to the anniversary date of this authorization, or within the 10-day period prior to the expiration date of any applicable collective bargaining agreement, whichever occurs sooner.
5. In the absence of such notice and revocation submitted in accordance with the foregoing, this authorization shall be **irrevocably renewed** under the same terms set forth above, for successive additional one-year periods.

Select only one

Nurses United Membership Dues

I hereby authorize and direct The Washington Hospital Center (hereafter "WHC"), its agents, assigns and successors to deduct membership dues as set by the **Nurses United of the National Capital Region** (hereafter "Nurses United") from my wages or other earnings. I further authorize any change in the amount to be deducted, that which is certified by Nurses United as uniform change in its dues structure. I understand that, as a member of Nurses United, I will have full participation rights.

Employee signature:

Date: _____

Agency Fee

I hereby authorize and direct The Washington Hospital Center, its agents, assigns and successors to deduct an agency fee in lieu of membership dues from my wages as determined by the Nurses United. I understand that I will not be a member of Nurses United; and that as a non-member, I will forego Nurses United's membership privileges and benefit. I further understand, however, that all provisions of any collective bargaining agreement between Nurses United and WHC will apply to me and that I will be entitled to all benefits, rights and privileges thereunder.

Employee signature:

Date: _____

Dues and Agency Fees may be tax deductible. Please refer to IRS Publication 529.

I hereby certify that the dues/agency fees of this organization, for the above-named employee, are currently established at \$45.67 monthly.

_____ President, Nurses United

Return to: Nurses United of the National Capital Region, PO Box 911, Greenbelt, MD 20785