

WELCOME to SEIU Healthcare Minnesota

Congratulations, you are now part of America's largest union.

Step One

Join Our Team: Application for Membership

I request membership with and authorize SEIU Healthcare Minnesota to represent me for the purposes of collective bargaining and to negotiate and conclude all agreements respecting wages, hours and other conditions of employment.

Please Print

Name _____ Date _____
 Address _____ City & State _____ Zip _____
 Soc. Sec. No. _____
 Home Phone _____ Cell Phone _____
 E-mail _____
 Employer _____ Job Title _____ Dept _____
 Site _____ Shift/Floor _____
 Signature _____

Step Two

Make It Simple: Check-Off Authorization and Assignment

I, _____ the undersigned employee of _____, hereby authorize my employer to deduct from my wages my initiation or enrollment fee and each and every month my union dues, or monthly service fee owing to SEIU Healthcare Minnesota - SEIU Local 113, and further that such amount so deducted be sent to the Financial Secretary of such local union for and on my behalf. This authorization and assignment shall be irrevocable for the time of the applicable contract between the union and the company, or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or contract periods thereafter, whichever is the lesser, unless I give written notice to the employer and the union at least sixty days and not more than seventy-five days before any periodic renewal date of this authorization and assignment of my desire to revoke the same.

Date: _____ Signed: _____

Step Three

Have A Voice: Committee on Political Education (COPE)

Federal Law prevents your dues dollars from being used in Federal elections. Members like you contribute to our separate COPE fund, so that healthcare workers can speak out on issues like affordable healthcare, safe staffing, and good jobs.

- \$8.00 per bi-weekly pay period
 \$5.00 per bi-weekly pay period
 \$3.00 per bi-weekly pay period
 Other _____ per bi-weekly (or other _____) pay period

I hereby authorize SEIU Healthcare Minnesota to file this payroll deduction with my employer and my employer to forward the amount listed to SEIU COPE.

Full Name (Please Print): _____ Signature: _____

Date: _____

My signature shows I understand that: 1) I am not required to sign this form or make COPE contributions as a condition of my employment or membership in the union; 2) I may refuse to contribute without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE; 4) The amounts on this form are merely suggestion and I may contribute more or less without fear of favor or disadvantage from my union or employer; 5) SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state, and local elections. SEIU COPE contributions are not deductible as charitable contributions for federal income tax purposes. This authorization shall remain in effect until revoked in writing by me.