

Welcome to SEIU Healthcare Minnesota!

1 JOIN OUR UNION: BECOME A MEMBER

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

NAME (PRINT CLEARLY)

HOME ADDRESS

CITY STATE ZIP CODE

HOME PHONE MOBILE PHONE

HOME EMAIL

EMPLOYER

JOB TITLE DEPARTMENT

SITE SHIFT/FLOOR

EMPLOYEE ID NUMBER

SIGNATURE DATE

By providing my phone number, I understand that SEIU and its locals 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 787753 to stop receiving messages. Text HELP to 787753 for more information.

2 MAKE IT SIMPLE: CHECK-OFF AUTHORIZATION

I hereby request and voluntarily authorize my employer to deduct from my wages my initiation fee and an amount equal to the regular monthly dues uniformly applicable to members of SEIU Healthcare Minnesota or monthly service fee, and further that such amount so deducted be sent to such Local Union for and on my behalf. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to both my employer and the Local Union during the period not less than thirty (30) and not more than forty-five (45) days before the annual anniversary date of this authorization. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the above-described window period, irrespective of my membership in the Union.

While contributions or gifts to SEIU Healthcare Minnesota are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.

The invalidity or unenforceability of any particular provision hereof shall not affect the other provisions, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted. By submitting this form, it shows that I agree with the terms above.

SIGNATURE DATE

CONTACT US

Phone: 651-294-8100

Toll-Free: 800-828-0206

Email: MAC@SEIUHCMN.org

Web: www.SEIUHCMN.org

White - Union Copy Yellow - Employer Copy Pink - Member Copy

3 HOLD POLITICIANS ACCOUNTABLE:

I want to hold politicians accountable to working families by contributing to our political fund:

- \$10 per bi-weekly pay period
- \$8 per bi-weekly pay period
- \$5 per bi-weekly pay period

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

FULL NAME (PRINT CLEARLY)

SIGNATURE DATE

My signature shows I understand that: 1) This authorization is voluntary, and I am not required to sign this form or make SEIU 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 suggestions, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my 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.

Contributions or gifts to SEIU COPE are not deductible for federal income tax purposes. This authorization shall remain in effect until revoked in writing by me.

PUBLIC SECTOR