

Date \_\_\_\_\_



United Nurses of Children's Hospital 9019 Park Place Dr. A La Mesa, Ca. 91942 (619) 697-5099

United Nurses of Children's Hospital (UNOCH) Membership Application and dues payroll deduction authorization

For each pay period that I work for Rady Children's Hospital and Health Center while this authorization is in effect, I hereby direct that, from my earnings payable to me from Rady Children's Hospital and Health Center, there be paid to UNOCH my current membership dues or service fee, or other deductions for such dues or fees as determined by UNOCH in the future, in accordance with its Bylaws. I hereby authorize that this deduction of UNOCH dues/fees be given priority after all State and Federal benefit deductions required by law and medical benefit deductions have been met.

The authorization shall be automatically canceled at such time as I am no longer employed in the bargaining unit represented by UNOCH, but shall otherwise remain in effect unless I revoke it by sending written notice to Rady Children's Hospital and Health Center, said revocation to become effective thirty days after the revocation is received by Rady Children's Hospital and Health Center. This authorization is entirely voluntary on my part.

I agree to be a **member** of UNOCH, eligible for all rights and privileges of the organization, including voting on UNOCH issues and running for a UNOCH office.

I do not want to be a member of UNOCH. I will pay my "fair share" as a service fee to UNOCH. I am eligible for all rights and privileges of the organization, with the exception of voting on UNOCH issues and running for a UNOCH office.

Please Print

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bargaining Unit:

email address: \_\_\_\_\_

RN

Technical

Signature \_\_\_\_\_

Please send this completed form to:

UNOCH 9019 Park Place Dr. La Mesa, CA. 91942 FAX: (619) 697-5776