



Signature Healthcare Union Membership Application

Membership Authorization: **Yes, I want to join with my fellow employees and become a member of the Signature Chapter of SEIU Local 205 (“SEIU”).** I hereby request and voluntarily accept membership in SEIU and I agree to abide by its Constitution and Bylaws and by the Service Employees International Union Constitution and Bylaws. I authorize SEIU to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer.

SIGNATURE

DATE

Dues Deduction/Checkoff Authorization: I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union’s activities. I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to SEIU an amount equal to the regular monthly dues uniformly applicable to members of SEIU. This authorization shall remain in effect and shall be irrevocable for a period of one (1) year from the date of its execution or until the termination date of the applicable contract between the employer and SEIU, whichever occurs sooner. However, in the event the assignment and authorization is not revoked within fifteen (15) calendar days immediately prior to the end of one (1) year from the date of execution (by giving written notice to both the Union and my employer delivered by mail or in person), I may cancel the assignment and authorization within fifteen (15) days after each succeeding year. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in SEIU.

SIGNATURE

DATE

WITNESS SIGNATURE

WITNESS PRINT NAME

Contributions or gifts to SEIU are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

NAME <i>(Please Print)</i>		EMPLOYEE #	BIRTH DATE
PERSONAL E-MAIL ADDRESS	PHONE (DAY)	PHONE (EVE)	CELL PHONE*
HOME ADDRESS		CITY	STATE/ZIP
DEPARTMENT/LOCATION	WORKSITE	JOB TITLE	SHIFT

**By providing my phone number, I understand the Service Employees International Union, its local unions, 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.*

COPE Authorization: Hold Politicians Accountable!

Yes! I want to hold politicians accountable to working families and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per month to forward to SEIU Local 205 (“SEIU”) as a contribution to SEIU Committee on Political Education (“SEIU COPE”). My signature shows that I agree with the terms below.

\$15 \$10 \$5

FIRST NAME

LAST NAME

SIGNATURE

DATE

This authorization is made voluntarily based on my specific understanding that: 1) I am not required to sign this form or make voluntary contributions to SEIU COPE as a condition of my employment or membership in the union; 2) I may refuse to contribute without reprisal; 3) Under law, only union members and executive / administrative staff who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPE; 4) The contribution amounts on this form are merely suggestions, and I may contribute more or less by this or other means without fear of favor or disadvantage from SEIU or my employer; 5) SEIU COPE uses the money it receives for political purposes – including, but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices – and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU.

Contributions or gifts to SEIU COPE are not tax deductible as charitable contributions.

Yes! I Want to Join Leaders in Action

- Member Political Organizer:** Hold politicians accountable. Get involved in the political process.
- Recruiter:** Speak at trainings and orientations. Encourage others to join our union.
- Community Advocate:** Be an advocate for making our communities better. Serve as a community champion with our allies.
- Rapid Response Team:** Take action and spread the word about worker issues at work and online.