



JOIN SEIU Healthcare Florida TODAY!

SEIU Healthcare Florida is the largest, most effective healthcare union in Florida. Join tens of thousands of Florida healthcare workers who are uniting to improve the working conditions, standards, and quality of life for healthcare workers and the quality of care for our patients, residents, and clients.

Name _____
Last First Middle

Address _____ Apt. # _____

City _____ FL Zip _____ Soc Sec# _____

Work Phone (____) _____ Home Phone (____) _____

Cell Phone (____) _____ Email _____

Employer/Worksite _____ Shift _____

Job Classification _____ Department/Unit _____ Hire Date _____

Witness _____ Date _____

Union Membership

I accept membership in SEIU Healthcare Florida, (hereafter called "the union") and authorize the union to represent me in negotiations with my employer about wages, hours, and all other conditions of employment.

I authorize my employer to deduct from my wages an amount equal to the dues set by the union, and to remit that amount to the union according to the provisions of any collective bargaining agreement between my employer and the union.

This authorization shall remain in effect for one year, irrespective of whether I am a Union member, and be automatically renewed for periods of one year from the date signed below, or until the expiration of the union's contract with my employer, whichever is sooner. I can revoke this authorization by sending written notice by certified mail to my employer and to the union not more than 20 days and not less than 10 days before the expiration of the yearly period, or before the expiration of the union contract with my employer, whichever is sooner.

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

I have read this membership card and I understand that the provisions regarding deductions shall be effective only when a contract covering my workplace has been voted on and ratified by the members.

Signature _____ Date _____

Help Healthcare Workers Gain a Stronger Voice in Politics **Contribute to SEIU's Committee on Political Education (COPE)**

I am volunteering to contribute to the SEIU Committee on Political Education (COPE) to help make elected officials stand up for working people.

I authorize my local union to file this payroll deduction with my employer and for my employer to deduct from my pay the sum of:

Per Pay Period: \$10.00 \$7.00 \$3.50 Other \$ _____

per pay period from compensation as above employee and transmit that amount to SEIU Healthcare Florida, as a contribution to SEIU COPE. This shall remain in full force and effect until revoked in writing by me.

This authorization is made based on my specific understanding that:

The signing of this voluntary card and making these voluntary contributions are not conditions of membership in the Union or of employment by my employer; I may contribute without reprisal; Only union members and executive/administrative staff who are US citizens or lawful permanent residents are eligible to contribute to SEIU COPE; The amounts on this form are merely a suggestion and I may contribute more or less by this or some other means without fear or favor or disadvantage from the union or my employer; SEIU COPE, which is connected with the Service Employees International Union, uses the money it receives for political purposes, including but not limited to making contributions to and expenditures for candidates for federal, state and local offices and addressing political issues of public importance.

Please sign the card below to indicate that you have read and agree with these terms.

Signature _____ Date _____

SEIU Healthcare Florida, 14645 NW 77th Avenue, Suite 201, Miami Lakes, FL 33014 • www.seiuhealthcarefl.org

SEIU Healthcare Florida transforms lives by empowering our communities to stand for justice, dignity and respect for all.

