

Manchester Hospital RNs Local 5055 AFT Connecticut AFL-CIO

MEMBERSHIP AUTHORIZATION & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM

MEMBERSHIP AUTHO	PRIZATION: YES! I want to join with my c	olleagues and become a member of the
accept membership in L	TAL RNs, Local 5055 AFT Connecticut, AFT, ocal 5055 and I agree to abide by its Constitutes in collective bargaining over wage employer.	ition and Bylaws. I authorize Local 5055 to
CICNATUDE	DATE	
SIGNATURE	HECKOFF AUTHORIZATION: I recognize to	
and voluntarily authoriz equal to the regular mor in effect and shall be irr and Local 5055 during annual anniversary dat emplover and Local 50	by our union should pay their fair share to supply our union should pay their fair share to supply emy employer to deduct from my earnings and the sum of the sum of the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not less than thirty (30) days and not entered the period not entered the per	and to pay over to Local 5055 an amount Local 5055 This authorization shall remain notice via U.S. Mail to both the employer ot more than forty-five (45) days before the on of the applicable contract between the ation shall be automatically renewed as an
SIGNATURE	D.	ATE
FIRST NAME	LAST NAME	EMPLOYEE DATE OF HIRE
Contributions or gifts to deductible as ordinary a	Local 5055 are not tax deductible as charitab and necessary business expenses.	ele contributions. However, they may be tax
	THIS PORTION IS FOR THE UNION'S anchester Hospital RNs Local 5055 AFT Co	
FIRST NAME	LAST NAME	
PERSONAL E-MAIL AI	DDRESS	CELL PHONE*
PHONE (DAY)	PHONE (EVE)	WORKSITE/JOB TITLE
HOME ADDRESS		

STATE/ZIP

^{*}By providing my phone number, I understand the American Federation of Teachers, AFT, AFL-CIO, its Local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. AFT will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 69238 to stop receiving messages. Text HELP to 69238 for more information.