UNITED NURSES ASSOCIATIONS OF CALIFORNIA / UNION OF HEALTH CARE PROFESSIONALS, NUHHCE, AFSCME, AFL-CIO

VOLUNTARY DEDUCTION AUTHORIZATION

EMPLOYER
SAN DIEGO HOSPITAL ASSOCIATION

AFFILIATE NO. 31-37
SHARP PROFESSIONAL NURSES NETWORK, (SPNN)
LOCATION:_____

Pursuant to this authorization and assignment, the above named Employer is requested to deduct from my first pay check of each month, while I am employed within the collective bargaining unit of the Employer, monthly dues and assessments as designated by the officers of the Association, as my membership fees in the Association, including initiation fees.

The Employer is requested to forward all membership fees promptly to the Association as designated above.

This authorization shall remain effective for a period of one (1) year, at which time it may be revoked in writing within a period of ten (10) days thereafter by the member.

Classification _____ New Grad ☐ Name (Print) _____

Professional License No. _____ Signature _____

Date _____ Address _____

Witness _____ City _____ Zip_____

Facility _____ Unit/Dept. _____

– EMPLOYER COPY –

Do Not Detach Unless Reverse Side Is Completed

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01/07

– ASSOCIATION COPY –