

Please complete this form and return it to us at:  
SEIU Local 199 6 Hawkeye Dr. Suite 103 North Liberty, IA 52317

### SEIU Local 199 Membership Card – Finley Chapter

I hereby request and accept membership in SEIU Local 199, AFL-CIO, and authorize said union to represent me and, in my behalf, to negotiate and conclude any and all agreements as to wages, hours and other conditions of employment. This full power and authority to act for the undersigned supersedes and cancels any power and authority heretofore given to any person or organization to represent me. I agree to be bound by the Constitution and Bylaws, and the rules and regulations of the international and the Local, and by any contract that may be in existence at the time of this application or that may be negotiated by the Union.

I, the undersigned, hereby authorize SEIU Local 199 to deduct from my bank account each and every month and pay to SEIU Local 199 an amount equal to the monthly dues of Local 199, as those amount may be established from time to time by the Local Union.

I authorize these deductions for and in consideration of the Union's activities in representing me with respect to collective bargaining and without regard to my present or future membership in Local 199.

Name (Print) \_\_\_\_\_  
Social Security # \_\_\_\_\_ Job Title \_\_\_\_\_  
Unit \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Witness \_\_\_\_\_

### Dues Calculation

#### Step 1:

\_\_\_\_\_ Bi-weekly budgeted hours X 26 = \_\_\_\_\_ annual hours.

#### Step 2:

\_\_\_\_\_ Hourly rate of pay X \_\_\_\_\_ annual hours (from step 1)

= \_\_\_\_\_ annual base pay

#### Step 3:

Dues at 1.2% X \_\_\_\_\_ annual base pay (from step 2) = \_\_\_\_\_  
Annual Union Dues

#### Step 4:

\_\_\_\_\_ Annual Union Dues / 12 = \_\_\_\_\_ Dues per month

- PRN nurses will pay the minimum amount of \$14 per month

**Please provide a void check to allow direct withdrawal from your bank account.**

# Authorization Agreement for Direct Payments (ACH Debits)

Company Name: **SEIU Local 199**

Company Tax ID#: 42-1491898

I hereby authorize **SEIU Local 199**, hereinafter called COMPANY, to initiate debit entries to my Checking Account / Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Depository Name: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_

(please print)

ID Number: \_\_\_\_\_

(Social Security Number)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This agreement is to authorize SEIU Local 199 to deduct MONTHLY Union Dues of \$\_\_\_\_\_**

**On the 1<sup>st</sup> / 15<sup>th</sup> day (select one) of each month.**

**Please include a voided check (not a deposit slip) for routing number and account number.**