



**SEIU**Healthcare®  
United for Quality Care

Please hand your card to your delegate / organizer or send your completed form via mail, email, or fax to:

**19823 58th Place South, suite 200 Kent, WA 98032**  
**membership@seiu1199nw.org**  
**425.917.9707 (fax)**

For more information call or email:

**1-800-422-8934 • membership@seiu1199nw.org**

Visit our website or find us on Facebook.

**www.seiu1199NW.org**

**For Private Sector Employees Only:**

NOTICE TO BARGAINING UNIT MEMBERS. Your union collective bargaining agreement may contain a valid union security clause that obligates you to become and remain a member of the Union or to pay fees to the Union equal to the standard initiation fee and periodic dues. You have a right to be or remain a non-member. If you elect to be a non-member of the union, you will limit your financial obligation to the payment of fees equal to the standard initiation fee and membership dues, and you will not enjoy all the rights of union membership. If you decide to be a non-member of the union and limit your financial obligation as described, as a non-member you will have a right to object to providing financial support to activities not germane to collective bargaining. If you are a non-member and do object, the union will reduce your financial obligation proportionally, and you will pay what is called a "fair share fee" for union expenditures germane to collective bargaining. The union will also apprise you of the percentage of the reduction in fees for objecting non-members, and will provide you with information by which you may assess whether the union has correctly calculated the percentage. Objecting non-members have a right to challenge the union's calculation of the percentage and will receive information about the union processes for filing such challenges. If you elect to be a non-member and limit your obligation to the union to the payment of fees equal to the standard initiation fee and periodic dues and/or if as a non-member you object to providing financial support to activities not germane to collective bargaining and/or if you challenge the calculation of the fair share fee, you must notify the union in writing by mailing a notice of your decision to the Secretary-Treasurer of SEIU Healthcare 1199NW, 19823 58th Place South, Suite 200, Kent, WA 98032 within 30 days of first receiving objector information or by the deadline in the annual notice of objector rate. You should include your name, address, employer and work location. If you elect not to be a member of the union, and/or to object, and/or to challenge the union's calculations, the union will nevertheless continue to represent you.

# NEW MEMBERSHIP FORM



Healthcare works best when healthcare workers have a voice. By joining together in a union, SEIU Healthcare 1199NW members speak with a united voice for quality healthcare and good jobs. We work together to safeguard the delivery of quality care, improve the work environment in our facilities, and advocate for access to affordable healthcare for everyone.

Be a part of the movement for quality care for our community. Dues are 1.8 percent of your pay. To join, fill out this form and mail to the union office.



**SEIU**Healthcare®  
United for Quality Care

## We're stronger together

## Membership application

Yes, I want to join with my co-workers and become a member of SEIU Healthcare 1199NW. This means I will receive the benefits and abide by the Constitution and Bylaws of both SEIU Healthcare 1199NW and Service Employees International Union (SEIU). I authorize SEIU Healthcare 1199NW as my representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer, and as my exclusive representative where authorized by law. I know that membership in the union is voluntary and not a condition of my employment, and that I can decline to join without reprisal.

_____		
First name	Last name	
Pronoun (check one): <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them <input type="checkbox"/> ze/hir <input type="checkbox"/> prefer no pronoun/use my name		
_____		
Street Address		
_____		
City	State      Zip	
_____		
Home phone with area code	Cell phone*	
_____		
Personal e-mail address	Employee ID number	
_____		
Hospital/clinic/agency	Date hired	
_____		
Department/unit	Job class	Shift
_____		
Signature _____	Date _____	

\*By providing my phone number, I understand that SEIU and its locals and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU Healthcare 1199NW and 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.

## Yes! I'm standing with my co-workers

### Authorization for payroll deduction

I, \_\_\_\_\_  
(PRINT FIRST AND LAST NAME)

request and voluntarily authorize my employer to deduct from my earnings and to pay SEIU Healthcare 1199NW an amount equal to the regular monthly dues uniformly applicable to members of SEIU Healthcare 1199NW. This authorization shall remain in effect unless I revoke it by sending written notice via U.S. mail to SEIU Healthcare 1199NW during the period of not less than 30 days and not more than 45 days before either (1) the annual anniversary date of this agreement, or (2) the date of termination of the applicable collective bargaining agreement between the employer and SEIU Healthcare 1199NW. This authorization shall be automatically renewed from year to year unless I revoke it in writing during a window period, even if I have resigned membership. If I have a break in employment with all Employers that have a Collective Bargaining relationship with SEIU Healthcare 1199NW and resume employment with such an Employer within twelve (12) months, this authorization shall remain in effect.

This authorization is voluntary and is not a condition of my employment, and I can decline to agree to it without reprisal. I understand that all members benefit from everyone's commitments because they help to build a strong union that is able to plan for the future.

Contributions or gifts to SEIU Healthcare 1199NW are not taxable as charitable contributions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Employee ID: \_\_\_\_\_

## Hold politicians accountable

### SEIU political action—Healthcare leadership fund

_____	
First name	Last name
_____	
Signature (My signature indicates I agree to the terms below.)	

Because decisions made by politicians in Olympia and Washington D.C. affect healthcare funding and our jobs, SEIU members get involved to hold politicians accountable on our issues.

Contributions to the SEIU Committee On Political Education (COPE) are used to support elected officials who are committed to improving healthcare.

I hereby authorize my employer to withhold the indicated amount per paycheck to forward to SEIU Healthcare 1199NW as a contribution to SEIU Committee on Political Education (SEIU COPE).

\$5.00       \$7.00       \$11.99

per pay period to be forwarded to SEIU Healthcare 1199NW.

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

This authorization is made voluntarily based on my specific understanding that (1) I am not required to sign this form or make voluntary COPE contributions as a condition of my employment by my employer or membership in the union; (2) I may refuse to contribute without any reprisal; (3) I am a U.S. citizen or lawful Permanent Resident of the U.S. and a union member or executive/administrative staff member; (4) The amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my employer; (5) SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections 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 Healthcare 1199NW.

## Building our union strength

- Yes, I want to join the Rapid Response Network and stand up with my neighbors and patients at events that advance our goals and justice
- Yes, I want to advocate for patients in Olympia

When we bargain, we are the strongest when we are united across all of our differences and when we recognize the value of the unique experiences and backgrounds that each of us bring to the table. In order to be the strongest and most representative union possible, we want to make sure each of us is well represented in our priorities and at the bargaining table. That's why we're sharing about our cultural backgrounds, the languages we speak, and our ages. Please share more about yourself to help build our strength and make sure our union is inclusive of everyone:

My ethnicity: \_\_\_\_\_

My race:     Asian     Black     Hispanic/Latino/a     Native American  
 Pacific Islander     White     Other

The language I speak at home other than English (if any): \_\_\_\_\_

Birth date: \_\_\_\_\_