



NATIONAL UNION OF HEALTHCARE WORKERS

Kaiser KPC, HPC, and AFN Dues/Contribution Form

In order to build a democratic movement of healthcare workers, I authorize the National Union of Healthcare Workers to deduct my donation from my bank account or charge it to my credit/debit card each month.

Full-time \$94/month

Part-time (Less than 72hrs per month) \$47/month

First Name

Last Name

Billing Address

Apt. No.

City

State

Zip

_____ - _____

Email Check here to get news and updates from NUHW by email

Home Phone

Cell Phone

Work Phone

() - () - () -

Employer/Facility

2 Ways to Contribute: 1. By Credit/Debit Card OR 2. By Automatic Deduction From Bank Account

PAY BY CREDIT/DEBIT CARD: Check One: Visa MasterCard AmEx Discover

Account Number: _____ Exp Date: ____ / ____ MM/YY

Card Security Code
(3 digit number on back of card or 4 digits on front on AmEx) _____

OR

PAY FROM BANK ACCOUNT: Check One: Checking Savings

Bank Name: _____

Your Routing Number: _____ Your Account Number: _____

This number is always 9 digits.

This authorization is made voluntarily and shall remain in full force and effect until revoked by me in writing. By my signature below I agree to the following terms and conditions:

Check Only One:

- I am a healthcare worker and eligible to be a member of the National Union of Healthcare Workers (NUHW).
- I am not a healthcare worker eligible to be a member of NUHW, but I am an individual who is not an employer, and I am not making this contribution on behalf of any employer as defined by law.

I understand that:

- I am not required to make contributions to NUHW as a condition of my employment by my employer or membership in any Union;
- The contribution amounts on this form are merely a suggestion, and I am entitled to contribute more or less by this or some other means without fear of favor or disadvantage from any Union or my employer;
- Contributions to NUHW are not tax-deductible as charitable contributions.
- To change or cancel this contribution, I must submit a written request to NUHW by email, fax or mail.

Signature _____ Date Signed _____

You can also sign up online at www.nuhw.org/kpcontribute, fax this form to (510) 834-2018, email kbesst@nuhw.org, or mail to NUHW at 5801 Christie Ave. Ste 525, Emeryville, CA 94608, (510)834-2009

ⁱ Eligibility for membership in NUHW includes any healthcare worker who works in any type of healthcare setting including hospitals, clinics, nursing homes assisted living facilities or an individual's home that is not in a managerial or supervisory role as defined by the National Labor Relations Act.

