



SEIU District 1199 WV/KY/OH, Change To Win, 1395 Dublin Road, Columbus, Ohio 43215

Membership Form

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax Number: _____

Employer: _____ Worksite: _____

Hire Date: _____ Job Title: _____

Employed: Full Time Part Time Gender: M F Birthdate: _____

I hereby accept membership in SEIU District 1199 WV/KY/OH The Healthcare and Social Service Union, and designate said union to act for me as a collective bargaining agent in all matters pertaining to conditions of employment. I hereby pledge to abide by the Constitution and By Laws of SEIU District 1199 WV/KY/OH The Healthcare and Social Service Union.

Signature: _____ Date: _____

Check-Off Authorization

Employer: _____ Date: _____

To Payroll Officer:

You are hereby authorized and directed to deduct an initiation fee from my wages or salary as required by SEIU District 1199 WV/KY/OH, CTW, as a condition of membership and in addition thereto, to deduct regular dues from my wages or salary; and to remit all such deductions so made to SEIU District 1199 WV/KY/OH, CTW, no later than the tenth day of each month immediately following the date of deduction or following the date provided in the collective bargaining agreement to such deductions. This authorization shall be irrevocable for a period of one (1) year or until the termination date of the collective bargaining agreement, whichever is sooner, and shall, however renew itself from year to year unless the employee gives written notice addressed to SEIU District 1199 WV/KY/OH, CTW, 1395 Dublin Rd., Columbus, Ohio 43215, at least fifteen (15) days prior to termination date of the revocation of this authorization.

Print Name: _____

Signature: _____

Helping Working Families Gain a Stronger Voice Contribute to SEIU's Committee on Political Education (COPE)



I am volunteering to contribute to the SEIU Committee on Political Education (COPE) to help make elected officials stand up for working people. I authorize my local union to file this voluntary deduction of \$5 dollars per pay period with my employer and for my employer to forward the amount specified to SEIU COPE.

Name: _____

Employer: _____

Signature: _____ Date: _____

I understand that: 1) I am not required to sign this form or make 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) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to SEIU COPE; 4) The amount on this form is merely a suggestion, and I may contribute another amount 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.

Contributions to SEIU COPE are not deductible for federal income tax purposes. This authorization shall remain in effect until revoked in writing by me submitted to the union.