



CNA/NNOC Headquarters, 2000 Franklin St., Oakland, CA 94612 ■ [www.calnurses.org](http://www.calnurses.org) ■ [www.nnoc.net](http://www.nnoc.net)  
 Main: 510-273-2200 ■ Facsimile: 510-433-2790 ■ Email: [Membership@calnurses.org](mailto:Membership@calnurses.org)

## REGISTERED NURSE MEMBERSHIP AND DUES/FEES AUTHORIZATION FORM

Please print clearly to ensure the accuracy of your information. Thank you!

RN Information			
(CNA/NU ID #--if available)	(Employee ID#)	(RN License Number)	
(Date of Birth)	F <input type="checkbox"/> M <input type="checkbox"/>	(Base Hourly Rate)	(SSN #)
Address/Contact Information			
(Last Name)	(First Name)	(Middle Name or Initial)	
(Home Address)	(City)	(State)	(Zip)
(Home Telephone)	(Home Fax)	(Home Email Address)	
(Work Telephone)	(Work Fax)	(Work Email Address)	
Facility Information			
(Name of Your <u>Primary Facility</u> : this is where you work the most hours at a CNA/NNOC facility.)		(Hire Date)	
(City and State)		(Department/Unit)	
(Name of Your <u>Secondary Facility</u> : this is where you work the least hours.)		(Hire Date)	
(City and State)		(Department/Unit)	

**Membership Application. Check here:**  To the Officers and Members of CNA/NNOC (the "Union"), I hereby tender my application for membership in CNA/NNOC. I understand that while I may be required to tender monthly fees to the Union, I am not required to apply for membership or be a member as a condition of employment and that this application for membership is voluntary. As a member, I agree to obey the Bylaws of CNA/NNOC and to support the principles of trade unionism, and I authorize the CNA/NNOC and/or its designated affiliate to act as my exclusive representative for collective bargaining.

**Check-Off Authorization. Check here:**  I authorize my Employer to deduct from my wages and forward to the Union: (1) monthly membership dues or an equivalent service fee; and (2) any required initiation or reinstatement fee as set forth in the collective bargaining agreement between the Employer and the Union and the Bylaws of CNA/NNOC. This authorization shall be irrevocable for one (1) year or until the termination of the collective bargaining agreement between my Employer and the Union, whichever occurs sooner. I agree that this authorization shall be automatically renewed for successive one (1) year periods unless I revoke by giving written notice to my Employer and the Union not more than twenty (20) and not less than five (5) days prior to the expiration of the appropriate yearly period or upon expiration of the collective bargaining agreement. I expressly agree that this authorization is independent of union membership and in recognition of the value of the representational services provided to me by the Union. It shall continue in full force and effect even if I resign my Union membership, unless properly revoked in the manner prescribed above.

**Important Notice:** I also understand that Union members have certain rights and privileges as set forth in the Bylaws and in various Federal laws. Union membership dues and agency fees may be tax deductible only in limited circumstances according to the restrictions imposed by the Internal Revenue Code.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)