

REGISTERED NURSE INFORMATION AND MEMBERSHIP FORM

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

Contact Information			
<i>(Last Name)</i>	<i>(First Name)</i>		<i>(Middle Name or Initial)</i>
<i>(Home Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<i>(Mobile Telephone)</i>	<i>(Personal Email Address)</i>		
<i>(Home Telephone)</i>	<i>(Work Email Address)</i>		
RN Information			
<i>(Date of Birth)</i>	<i>(Base Hourly Rate)</i>	<i>(Last 4 digits of SSN #)</i>	
Facility Information			
<i>(Name of Your <u>Primary Facility</u>: where you work the most hours at a NNOC/NNU facility.)</i>		<i>(Hire Date)</i>	
<i>(City and State)</i>		<i>(Department/Unit)</i>	
<i>(Name of Your <u>Secondary Facility</u>: where you work the least hours.)</i>		<i>(Hire Date)</i>	
<i>(City and State)</i>		<i>(Department/Unit)</i>	

To the Officers and Members of NNOC/NNU (the "Union"), I hereby voluntarily tender my application for membership in NNOC/NNU. I authorize the Union and/or its designated affiliate to act as my exclusive representative for collective bargaining. I understand that my membership dues are currently \$_____ pay period, but that my membership dues amount may be updated as per NNOC/NNU policy. I understand that my voluntary service fee authorization shall renew each year on the anniversary of the date I authorized payroll deduction, unless I properly file a *Form 1188* with my employer, no more than twenty-one (21) days before such annual renewal date.

(Your signature)

(Date)