



National Nurses United

2000 Franklin St.
Oakland CA 94612

NNU-VA Membership Application

PLEASE COMPLETE AND RETURN TO YOUR LOCAL NNU OFFICE

DATE _____

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE E-MAIL ADDRESS

PRIMARY EMPLOYER: VAMC

EMPLOYMENT STATUS

POSITION/TITLE:

FULL TIME

EMPLOYER ADDRESS:

PART TIME

STATE OF LICENSE

PRACTICE SETTING/UNIT

MEMBERSHIP DUES: _____ per pay period for NNU -VA _____

METHOD OF PAYMENT:

PAYROLL DEDUCTION

You must sign a separate dues deduction authorization form available at your facility.

YEARLY CHECK FOR FULL AMOUNT

You must attach check to the application

I, the undersigned, do hereby apply for membership in the National Nurses United, AFL-CIO and agree to be bound by its Constitution and By-Laws and those of the local unit.

SIGNATURE OF APPLICANT DATE

DUES ARE TAX DEDUCTIBLE UNDER PROVISIONS OF THE INTERNAL REVENUE SERVICE.