# SEIU Healthcare Michigan Membership Application

Membership in SEIU Healthcare Michigan is without regard to race, color, sex, sexual orientation, age, disability, religion, national origin, political belief or affiliation.

| **Last Name** | **First Name** | **Middle Name** |
|---|---|---|
| **Street Address** | | |
| **City** | **State** | **Zip** |
| **Home Telephone / Cell Phone**<br>(___ ___ ___) ___ ___ ___-___ ___ ___ ___ | **E-mail Address** | |

**ANSWERING THE FOLLOWING QUESTIONS IS VOLUNTARY AND DOES NOT AFFECT YOUR APPLICATION FOR MEMBERSHIP**

| **Ethnic Origin** | **Sex** | **Are you handicapped or disabled?** |
|---|---|---|
| ___ White/Caucasian ___ Asian American/Pacific Islander<br>___ Black/African American ___ Native American/Alaskan Native<br>___ Latino/Hispanic | ___ Male<br>___ Female | ___ Yes<br>___ No |

**Are you a citizen of the U.S. ?** ___ Yes ___ No

If NO, which country are you a citizen of? _____

If NO, are you interested in attending U.S. Citizenship classes? ___ Yes ___ No

If YES, are you registered to vote? ___ Yes ___No

Have you joined the SEIU Healthcare Michigan Committee On Political Education (COPE)? ___ Yes ___ No

I hereby accept membership in SEIU Healthcare Michigan and designate SEIU Healthcare Michigan to act for me as collective bargaining agent in all matters pertaining to conditions of employment. I hereby pledge to abide by the Constitution of SEIU Healthcare Michigan.

_____ _____

Date Signature

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## UNION DUES CHECK OFF AUTHORIZATION

You are hereby authorized and directed to deduct an initiation fee from my wages or salary as required by SEIU Healthcare Michigan as a condition of my membership; and in addition thereto, to deduct my membership dues from my wages or salary; and in addition thereto, to deduct each month an amount equal to monthly membership dues to be applied to past unpaid dues until the entire amount of unpaid past dues has been deducted and paid; and to remit all such deductions to SEIU Healthcare Michigan, no later than the tenth day of each month immediately following the date of deduction, or pursuant to the date provided in the Collective Bargaining Agreement.

This deduction is a voluntary act on my part and 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 I give written notice of the revocation of this authorization addressed to the SEIU Healthcare Michigan at 2604 4th Street, Detroit, MI 48201

Signature: _____ Date: _____

Print Name: _____

Address: _____

City/State/Zip Code: _____