



SEIUHealthcare.
United for Quality Care



**Yes, I want to be a member of
SEIU Healthcare Michigan**

Yes, I want to join with my fellow employees and become a member of SEIU Healthcare Michigan. I also hereby request and voluntarily authorize my employer to deduct an amount equal to the regular monthly dues uniformly applicable to members in my bargaining unit. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to the Union by registered mail during a period of ten (10) days immediately succeeding any yearly period subsequent to the date of this authorization or subsequent to the date of termination of the applicable collective bargaining agreement, whichever occurs sooner, and shall be automatically renewed as an irrevocable check-off from year to year unless revoked as herein provided, irrespective of my membership in the Union.

Contributions or gifts to SEIU Healthcare Michigan are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Name _____ Cell phone _____

E-mail _____ Employer _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Text Permission*? (Yes / No) - Please circle

*SEIU Healthcare Michigan will never charge you for text message alerts, but carrier message and data rates may apply.
Text **STOP** to **787753** to unsubscribe, and **HELP** for more info.





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