



SEIU HEALTHCARE MI MEMBERSHIP APPLICATION

For Public Sector (PERA)

3031 W Grand Blvd Suite 555, Detroit, MI 48202

Yes, I want to join my fellow employees and become a member of SEIU Healthcare Michigan. I request and voluntarily accept membership in SEIU Healthcare Michigan and its successors or assigns (collectively "Healthcare Michigan"). This means I will receive the benefits and abide by the obligations of membership set forth in both Healthcare Michigan's and the Service Employees International Union's Constitutions and Bylaws. I authorize Healthcare Michigan to act as my representative in collective bargaining over wages, benefits, and other terms/conditions of employment with my employer, and as my exclusive representative where authorized by law. My membership will be continuous, unless I resign by providing notice to Healthcare Michigan via U.S. mail (or other method if permitted by Healthcare Michigan's policies). I know that union membership is voluntary and not a condition of employment, and that I can decline to join without reprisal.

Signature #1 _____ **Date** _____

Dues Deduction/Checkoff Authorization: I request and voluntarily authorize my employer to deduct from my earnings and to pay to Healthcare Michigan and its successors and assigns (collectively "Healthcare Michigan") an amount equal to Healthcare Michigan's regular dues. This dues deduction authorization shall remain in effect unless I revoke it by providing notice to Healthcare Michigan via U.S. mail (or other method if permitted by Healthcare Michigan's policies) within 15 days before or after (1) the annual anniversary date of this agreement or (2) the termination of the applicable collective bargaining agreement between my employer and union ("my window periods"). This authorization will renew automatically from year to year even if I have resigned my membership, unless I revoke it during one of my window periods and as required by Healthcare Michigan's policies. This authorization is voluntary and is not a condition of my employment, and I can decline to agree to it without reprisal. I understand that all members benefit from everyone's commitments because they help build a strong union that is able to plan for the future.

Signature #2 _____ **Date** _____

Contributions or gifts to SEIU Healthcare Michigan are not tax deductible as charity contributions.

First Name _____ **Last Name** _____

Street Address _____ **City** _____ **State** _____ **Postal Code** _____

Personal Email _____ **Mobile Phone*** _____

**By providing my phone number, I understand that SEIU, its local unions, and affiliates may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. SEIU Healthcare Michigan and SEIU will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Text STOP to 787753 to stop receiving messages. Text HELP to 787753 for more information.*

Employer _____ **Worksite Name** _____

Department/Job Classification _____ **Shift** _____ **Date of Hire** _____

COPE AUTHORIZATION: HOLD POLITICIANS ACCOUNTABLE!

Yes! I want to hold politicians accountable to working families and I know we can only do that if we stand together. I hereby authorize my employer to withhold the indicated amount per month to forward to SEIU Healthcare Michigan ("SEIU") as a contribution to SEIU Committee on Political Education ("SEIU COPE"). My signature shows I agree with the terms below.

\$10 \$15 \$20 Amount: \$ _____

First Name _____ **Last Name** _____

Signature #1 _____ **Date** _____

This authorization is made voluntarily based on my specific understanding that: 1) I am not required to sign this form or make voluntary contributions to SEIU COPE as a condition of my employment or membership in the union; 2) I may refuse to contribute without reprisal; 3) Under law, only union members and executive / administrative staff who are U.S. Citizens or lawful permanent residents are eligible to contribute to COPE; 4) The contribution amounts on this form are merely suggestions, and I can contribute more or less by this or other means without fear or favor of disadvantage from SEIU or my employer; 5) SEIU COPE uses the money it receives for political purposes - including, but not limited to, making contributions to and expenditures on behalf of candidates for federal, state, and local offices - and addressing political issues of public importance. This authorization shall remain in effect until revoked by me in writing via U.S. mail to SEIU.

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