



FEDERATION OF NURSES & HEALTH PROFESSIONALS

308 Pine Street, Suite 105, Burlington, VT 05401

Phone Number: 802/657-4040: Fax Number: 802/658-7673

Local 5221 Membership Form

I, \_\_\_\_\_, hereby join together with my co-workers to realize our professional goals, to better our working conditions and to work for the highest quality safe patient care by becoming a member of the Vermont Federation of Nurses and Health Professionals Local 5221.

Signature: \_\_\_\_\_ UVMMC ID No. (if known): \_\_\_\_\_

Department Name: \_\_\_\_\_ Dept. ID No. (if known): \_\_\_\_\_

Location (Choose from Location List on the back of this sheet.): \_\_\_\_\_

Circle Status: Full-Time Part-Time Per Diem Circle Title: APRN RN LPN TECH

Job Title: \_\_\_\_\_ Job Code: \_\_\_\_\_ SHIFT (if known): \_\_\_\_\_

Work Email (if known): \_\_\_\_\_ Work Phone No. (if known): \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Email address: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

May we TEXT you on a limited basis and only on matters of importance? Yes [ ] No [ ]

Home Phone No. (if Home Phone No. is different from Cell Phone No.): \_\_\_\_\_

Membership Dues Deduction Authorization

I, \_\_\_\_\_, authorize University of Vermont Medical Center ("UVMMC") to deduct from my gross salary, VFNHP, Local 5221, AFT Vermont ("Local 5221") uniform union membership dues (1% + \$2.50 per pay period) consistent with the collective-bargaining agreement (the "Contract"), between UVMMC and Local 5221 and transmit the dues to the treasurer designated by Local 5221. The deductions shall be made in equal amounts according to UVMMC's payroll system. Any future change in the uniform membership dues which is approved by the membership of Local 5221 as provided for in the constitution of VFNHP or its affiliates and is consistent with the Contract shall be applied automatically to my deductions.

I submit this authorization and assignment with the understanding that it will be irrevocable for a period of one year from this date or for the term of the Contract in effect on this date, whichever is earlier.

This authorization and assignment shall continue in full force and effect for yearly periods beyond the irrevocable period set forth above, and subsequent yearly periods shall be similarly irrevocable unless revoked by me in written form by registered mail return receipt requested to UVMMC with a copy to Local 5221, within thirty (30) calendar prior to the anniversary of my signing this agreement. The deduction of uniform dues under this authorization and assignment shall cease whenever there is no collective-bargaining agreement in effect between UVMMC and Local 5221.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return original to:

VFNHP, 308 Pine Street, Suite 105, Burlington, VT 05401

Or FAX to: 802-658-7673

For VFNHP Office Use Only:

Scanned/Saved/Sent to UVMMC [ ] Entered on ML [ ] Entered in MS [ ] Checked Quarterly Reports [ ] Checked Dues Reports [ ]