

Illinois Nurses Association Membership Application/Howard Brown Health Unit

Applicant Information		
Name: (Last, First, MI)		
Current Address:		
City:	State:	ZIP Code:
Cell:	Personal Email:	
Current employer: Howard Brown Health		
Primary Worksite:	Secondary Worksite:	
Job Title:		
PAYROLL DEDUCTION AUTHORIZATION / AGREEMENT		
I hereby affirm my membership in the Illinois Nurses Association ("the Union") to represent me as my exclusive representative on matters related to my employment		
Signature:	Date:	
Deduction for ILLINOIS NURSES ASSOCIATION – Payee Code		
Please Circle Selection		
Regular Membership \$30.55	Membership with PAC donation \$31.59 A PAC donation supports pro-nursing and pro-labor candidates and legislation	
This check-off Authorization and Agreement shall be irrevocable for a period of one year from the date of execution or until the termination date of the agreement between the Employer and INA, whichever occurs sooner, and from year to year thereafter, irrespective of whether I am or remain a member of the Union, unless not less than (10) days and not more than (20) days prior to the end of any subsequent yearly period, I give INA written notice of revocation bearing my signature thereto by certified mail. INA is authorized to deposit this authorization with any Employer under contract with INA and is further authorized to transfer this authorization to any other Employer with INA in the event that I should change employment. This authorization shall likewise be fully enforceable and effective in the event I leave employment with any employer under INA contract and at a later time re-obtain employment with that same Employer or any other Employer under INA contract, regardless of the length of time between termination and re-employment.		
I COMMIT to support INA and <i>our</i> contract by:		
<ul style="list-style-type: none"> • Standing with INA and supporting the bargaining process • Doing my part to enforce and <i>protect workplace standards</i> • Making my voice heard with INA to further advance my profession • Maintaining my membership to build a <i>STRONGER UNION</i> 		
Signature:	Date:	

Please return completed application to: Illinois Nurses Association, 910 W Van Buren St Ste 502 Chicago, IL 60607, Fax 312-896-3920, Email: membership@illinoisnurses.com