

We're Stronger Together

YES, I want to join with other long-term care workers for a stronger voice for quality care, living wages, and good benefits!

FIRST NAME / LAST NAME	GENDER	EMPLOYER
HOME ADDRESS	CITY	STATE / ZIP
EMAIL ADDRESS	CELL PHONE (Pleas	se see * below)
PHONE (DAY) (Please see * below)	PHONE (EVENING)) (Please see * below) BIRTHDATE
SOCIAL SECURITY # (LAST 4 DIGITS)	HIRE DATE	REGISTERED VOTER
I want to join with other long-term care work benefits. I hereby request and accept members bylaws. I authorize 775 to act as my exclusion other terms and conditions of employment with	pership in SEIU 775 au ive representative in co	nd I agree to abide by its Constitution and
In exchange for obtaining special benefits the Program, I authorize my employer(s) to deduce shall be certified by 775 under its Constitution is irrevocable for a period of one year from the my membership status, unless not less than the anniversary date of this authorization or the whichever occurs first, I notify the Union and revoke this authorization. 775 is authorized to other employer(s) in the event I change employer	ct from my wages all Ur a and Bylaws and to ren be date of execution and thirty (30) and not more termination of the con d my employer in writing o use this authorization	nion dues and other fees or assessments as mit those amounts to 775. This authorization d from year to year thereafter, regardless of than forty-five (45) days prior to the annual tract between my employer and the Union ng, with my valid signature, of my desire to n with my current employer(s) and with an
I believe everyone should pay their fair share Union, I hereby knowingly release both SEI or liability related to the State's past collectio 41.56.113.	U 775 and the State of	of Washington from any future legal claims
Contributions or gifts to 775 are not tax dedu However, they may be tax deductible under of		
OLOMATURE		- DATE
*By providing my phone number, I understand So or text message me on my cell phone on a perio and data rates may apply to such alerts. Text Si information.	EIU 775, SEIU, and affilia dic basis. SEIU will nevel TOP to 787753 to stop r	DATE ates may use automated calling technologies a or charge for text message alerts. Carrier messa receiving messages or HELP to 787753 for m
2 Hold Politicians Accounta	able to Working Fam	nilies! 3 I want to be
Yes! I want to hold politicians accountable to workin stand together. I hereby authorize my employer to wit to SEIU 775 as a contribution to SEIU Committee or shows that I agree with the terms below.	ng families and I know we c	can only do that if we per month to forward in my union!
		LANGUAGE PREFERENCE:
SIGNATURE	DATE	□ ENG □ KOR □ RUS □ SPA □ VIE □ Other:
PRINT FIRST NAME / LAST NAME	EMPLOYE	ER
I understand that: 1) No employer or labor organization may or conditions of employment for contributing or not contribut candidate, ballot measure or political party; 2) Contributions membership and I may refuse to contribute without any refuse to suggested guidelines, and I am free to contribute m 4) SEIU COPE will use the money it receives to make politi to working families and contributing to and spending money Only union members and staff who are U.S. citizens or lawfu COPE. Contributions to SEIU COPE are not deductible as contributions to shall remain in effect until revoked by me	discriminate against an officer of ing to a political committee, or some are not required as a condition prisal; 3) The amount of \$20, \$1 fore or less than these amounts cal expenditures including address in connection with federal, statul permanent residents are eligible tharitable contributions for federal.	FOR OFFICE USE ONLY: supporting or opposing a of employment or union 5 or \$10 per month are s by some other means; essing issues important e, and local elections; 5) ble to contribute to SEIU