



**A United Voice for Doctors, Our Patients,
& the Communities We Serve**



MEMBERSHIP/DUES AUTHORIZATION CARD

Return the completed form to your union representative, or by emailing to info@doctorscouncil.org, or by fax: 212-481-4137; or by mailing to: Doctors Council SEIU, 50 Broadway, 11th Floor, Suite 1101, New York, NY 10004; phone: 212-532-7690.

Membership Authorization: I wish to be a member of Doctors Council SEIU. I hereby accept membership in Doctors Council SEIU and I authorize it to act as my exclusive collective bargaining agent in all matters pertaining to rates of pay, hours, and other terms and conditions of employment. This full power and authority to act for the undersigned supersedes any authority heretofore given to any person or organization to represent me. I agree to abide by and be bound by the union's constitution and bylaws and by any agreements or contracts that may be in existence at this time or that may be negotiated or agreed to by the union. This authorization shall be binding on any successor employer.

1 SIGNATURE _____ DATE _____ FIRST NAME (please print clearly) _____ LAST NAME (please print clearly) _____

Dues Deduction Check Off Authorization: My employer is authorized and directed to deduct from my wages or salary my weekly, bi-weekly, or monthly dues each and every such period and to remit the amounts deducted to Doctors Council SEIU. The dues deduction check off authorization shall be irrevocable for the period of one year or until the expiration of the Agreement between Doctors Council SEIU and my employer, whichever occurs sooner, and shall renew itself from year to year unless I give written notice via U.S. mail to Doctors Council SEIU and the employer not less than thirty (30) days nor more than forty-five (45) days before the annual anniversary of the date I signed this authorization. This authorization shall be irrevocable unless I revoke it in writing during a window period, even if I have resigned my membership in Doctors Council SEIU. If a court or governmental agency should find any provision of this card to be unenforceable, this shall not impair the validity or enforceability of the remaining language.

2 SIGNATURE _____ DATE _____

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

COPE Authorization: COPE (Committee on Political Education) is our Political Accountability Fund. I agree that our healthcare system is significantly shaped by elections, legislative decisions and governmental actions. By contributing to the Doctors Council SEIU COPE, I can strengthen our voice by helping elect leaders who will stand up for the things that matter to us and our patients. I want a voice in the policy and political arenas through the Doctors Council SEIU COPE. If we work together, we can elect leaders who are on our side and hold them accountable. I want to do my part and contribute now.

Yes, I want to hold our elected officials accountable. I hereby authorize Doctors Council SEIU to file this payroll deduction with my employer and for my employer to deduct: \$20 or \$15 or \$10 per bi-weekly paycheck and transfer the funds to the Doctors Council SEIU COPE as a voluntary deduction to SEIU COPE. My signature shows that I have reviewed and agree with the terms started here.

3 SIGNATURE _____ DATE _____

I understand that: 1) I am not required to make COPE contributions as a condition of my employment by my employer or membership in the union; 2) I may refuse to contribute to COPE without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to Doctors Council SEIU COPE/SEIU COPE; 4) The amounts on this form are merely a suggestion, and I may contribute more or less to COPE by this or some other means without fear of favor or disadvantage from the union or my employer; 5) Doctors Council SEIU COPE/ SEIU COPE uses the money it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to and spending money in connection with federal, state and local elections and addressing health care issues of importance to Doctors Council members. COPE contributions are not deductible for federal income tax purposes. This COPE authorization shall remain in effect until revoked in writing by me via U.S. mail to Doctors Council SEIU.

LAST 4 SOCIAL SECURITY # _____ DATE OF BIRTH _____ DATE OF HIRE _____ GENDER _____ PERSONAL EMAIL _____

I authorize Doctors Council to text message me on my cellular phone and/ or use automated calling technologies on a periodic basis. Doctors Council will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

EMPLOYER _____ FACILITY / HOSPITAL _____ JOB TITLE _____

DEPARTMENT / UNIT / WORK LOCATION _____ SHIFT _____ HOURS PER WEEK _____ DAYS OFF _____

- Full-time Per Diem
- Part-time Sessional
- Moonlighter Other _____

WORK PHONE _____ WORK EMAIL _____ PAGER # / PIN _____

MEDICAL SCHOOL ATTENDED _____ RESIDENCY PROGRAM / HOSPITAL _____ REGISTERED TO VOTE Yes No MARITAL STATUS Single Married

OTHER FACILITIES I WORK AT _____ PROFESSIONAL ASSOCIATIONS/SOCIETIES I BELONG TO _____ # OF DEPENDENTS _____