

Local 5221 LPNs Membership Card

Employee Name _____

Employee ID Number _____

Department Name _____

Work Phone _____

I, _____, authorize Fletcher Allen Health Care (“FAHC”) to deduct from my base salary, VFNHP, Local 5221 LPNs, UPV/AFT (“Local 5221 LPNs”) uniform union membership dues (1%), consistent with the collective-bargaining agreement (the “Contract”), between FAHC and Local 5221 LPNs and transmit the dues to the treasurer designated by Local 5221 LPNs. The deductions shall be made in equal amounts according to FAHC’s payroll system. Any future change in the uniform membership dues which is approved by the membership of Local 5221 LPNs 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 FAHC with a copy to Local 5221 LPNs, within thirty (30) calendar days 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 FAHC and Local 5221 LPNs.

Print Name: _____

Signature: _____

Date: _____