

**APPLICATION FOR MEMBERSHIP**

**CNMC/WHC**

**PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_ hereby request and accept

Membership \_\_\_\_\_ or Fee Payer \_\_\_\_\_ Status

**In Hospital, Professional, Technical and  
Service Workers, Local 722, SEIU, AFLO**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Shift \_\_\_\_\_

Date of Birth \_\_\_\_\_

I HEREBY AUTHORIZE CNMC/WHC TO DEDUCT  
FROM MY

WAGES AND PAY TO LOCAL 722, SEIU SUCH  
INITIATION FEE AND MEMBERSHIP OR AGENCY FEE IN  
SUCH AMOUNTS AS ESTABLISHED BY THE UNION FROM  
TIME TO TIME IN ACCORDANCE WITH THE UNION'S  
CONSTITUTION AND BYLAWS AND APPLICABLE LAW