



FEDERATION OF NURSES & HEALTH PROFESSIONALS

121 Park Avenue, Suite 10, Williston, VT 05495

Phone Number: 802/657-4040: Fax Number: 802/871-5946

Local 5221 Membership Form

I, _____, hereby join together with my co-workers to realize our professional goals, to better our working conditions and to work for the highest quality safe patient care by becoming a member of the Vermont Federation of Nurses and Health Professionals Local 5221.

Signature: _____ UVMMC ID No. : _____

Department Name: _____ Dept. ID No.: _____ Section: _____

Location: _____

Job Title: _____ Job Code: _____ SHIFT (if known): _____

Circle Title: APRN RN LPN TECH Circle Status: Full Time Part Time Per Diem Other

Work Email (if known): _____ Work Phone No. (if known): _____

Home Address: _____ City, State, Zip: _____

Home Email address: _____ Twitter Account: _____

Cell Phone No.: _____

May we TEXT you on a limited basis and only on matters of importance? Yes [] No []

Home Phone No. (if Home Phone No. is different from Cell Phone No.): _____

Membership Dues Deduction Authorization

I, _____, authorize University of Vermont Medical Center ("UVMMC") to deduct from my gross salary, VFNHP, Local 5221, AFT Vermont ("Local 5221") uniform union membership dues (1% + \$2.50 per pay period) consistent with the collective-bargaining agreement (the "Contract"), between UVMMC and Local 5221 and transmit the dues to the treasurer designated by Local 5221. The deductions shall be made in equal amounts according to UVMMC's payroll system. Any future change in the uniform membership dues which is approved by the membership of Local 5221 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.

his 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 UVMMC with a copy to Local 5221, within thirty (30) calendar 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 UVMMC and Local 5221.

Signature: _____ Date: _____

Please return original to: VFNHP, 121 Park Avenue, Suite 10, Burlington, VT 05495
Or FAX to: 802/871-5946 Or SCAN and EMAIL to info@vfnhp.org

For VFNHP Office Use Only:

Scanned/Saved/Sent to UVMMC [] Entered in MS []