



Teri Carvalho-Luke, *HNHP Interim President*
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Wolfgang Tarnowski, *HNHP Interim Treasurer*
Madeleine Patoc, *HNHP Interim Secretary*

WELCOME TO THE HAWAII NURSES AND HEALTHCARE PROFESSIONALS' UNION (HNHP)

PLEASE READ CAREFULLY AND RETAIN FOR FUTURE REFERENCE

This letter contains important information about:

- Union representation
- The Union itself
- Union governing documents
- The Kaiser Collective Bargaining Agreement
- Rights of membership
- Rights of employees under union security clauses
- Additional information concerning employee, member, and contract benefits.

As a new employee in the bargaining unit, you are represented by the Hawaii Nurses and Healthcare Professionals (HNHP). This may be the first time you have been represented by a union and you may have some questions about what this means to you.

Union representation means that HNHP negotiates and administers a legally binding contract known as a Collective Bargaining Agreement (CBA) that sets forth your wages, benefits, hours, and working conditions, on your behalf and with the full and active participation of its membership. Represented members receive higher wages and better benefits than non-union workers doing similar jobs. Strength and unity of union members makes this possible.

The HNHP currently has an interim Executive Board and Officers that help to oversee the Union's business. Union officers are elected by the membership in secret ballot elections. As a member you will get to participate in those elections. Your contract is administered by union representatives including the Board & Officers, Shop Stewards and Labor Relations Consultants (LRC). Most locations have a shop steward in your department or at your place of work. Should you have any questions or concerns, you should contact your shop steward or LRC.

HNHP conducts membership meetings at least annually. These meetings are important and as a member, you are encouraged to participate in the affairs of your union. Notification of future meetings will be posted on designated bulletin boards, designated areas in unit breakrooms, by email, and the HNHP website. You are encouraged to keep your contact information updated.

Without a legally binding CBA, the law allows an employer to fire you for almost any reason or change your wages or hours without your consent. HNHP members have a negotiated, legally binding, and enforceable contract.

- The CONTRACT establishes your wages, hours, benefits, and working conditions;

- The CONTRACT protects your seniority which will become increasingly important to you the longer you are working for this employer;
- The CONTRACT prohibits discipline or discharge by your employer, except for just cause, after you have completed your probationary period;
- The CONTRACT provides for vacation, sick, and professional development leave time paid for by your employer;
- The CONTRACT provides for health, welfare, and pension benefits, paid for by your employer;
- The CONTRACT establishes a grievance procedure with binding arbitration to take up and resolve your complaints effectively and achieves results; and
- The CONTRACT provides many more benefits, all of which are detailed in the written agreements.

Perhaps the greatest benefit of being covered by a Union contract is the knowledge and security that the provisions cannot be changed whenever the employer decides. No changes can be made without negotiations with the Union. The Union and the employer negotiate new agreements when the old agreements expire.

As an employee working under a contract containing the union security clause you are required, as a condition of employment, to pay dues and/or fees to the Union. Individuals who are active members pay dues, while individuals who are nonmembers pay equivalent fees for representation.

Membership Status

Enclosed with this packet is a membership application. After you read this letter, you must fill out the application, sign it, and return it as soon as possible so you may enjoy the benefits of full membership. A dues checkoff authorization form, Exhibit "B", "B1", AND "C" is also enclosed. Please return only ONE applicable exhibit form.

- Exhibit B - Active Membership with all rights and benefits afforded to members.
- Exhibit B1 - Non-Member (Beck Objector) Service fee payer.
- Exhibit C - Non-Member (Religious Exemption)-Fees donated to a pre-approved charity.
 - Non-Members are unable to vote in membership elections or hold union office.

Completion of the appropriate form reflecting the membership status you select permits your employer to automatically deduct and remit your dues (and fees or assessments where applicable) to the union. This is an efficient and effective process to ensure your monthly dues are paid timely to the Union. Virtually everyone in the union uses this system and we encourage you to take advantage of it.

As a union employee, you have the right to choose a non-member status. Non-members pay a service fee equivalent or nearly equivalent to member dues. These fees, which are authorized by law, are your fair share of sustaining your Union's broad range of programs in support of you and your coworkers. For those with sincere Religious convictions, you may apply for a Religious exemption. As a non-member you would not be able to participate in certain union activities, like voting or holding office.

Application for non-member status (Exhibit B1, or C) must be made within 30 days of being obligated to pay dues or fees to the union. To apply, you will need to send a signed, completed membership application with the selected member status checked along with one of the Exhibit forms to indicate your chosen membership status. If Exhibit B1 or Exhibit C (whichever appropriate) is not received you will be billed. Please note there will be a \$5 per month administrative fee assessed for manual billing.

- ❖ You may submit form Exhibit "B1" for payroll deduction of your union service fee. The accommodation for objection will be effective on the first day of the month following the month in which the Exhibit B1 objection was received by the Union.

- ❖ Application for religious objector status must be made within 30 days of being compelled to pay dues or fees to the union or within 30 days of the new employee hire date. To apply, you will need to send a signed membership application with form Exhibit “C” and a letter from your church or sect leader that a historical, bona fide religious conviction exists and that such conviction is an appropriate exemption as defined in Section 19 of the NLRA, as amended. Accommodation of religious exemptions must be approved by the Executive Board. The accommodation will be effective on the first day of the month following the month in which the objection was received and approved by the Union. Employees will be expected to provide proof of charitable donation to the organization of the employees’ choice as listed on Exhibit “C” once the letter is claimed.

If you are not a member, the many rights and opportunities available to union members will not be open to you, for example, you will not be able to:

- Vote on the terms of your contract;
- Participate in strike votes;
- Participate in the development of contract proposals;
- Nominate, vote for, or serve as an officer of this Union;
- Nominate, vote for, or serve as a delegate to any National Conventions; and
- Enjoy other benefits available only to members.

HNHP hopes that you will choose to become an active member and strengthen the Union's ability to represent you and your co-workers. In our Democratic union, the decision is yours.

Nonmembers may file objections to funding expenditures that are not germane to the collective bargaining process and thereby be obligated to pay fees representing only expenditures germane to the collective bargaining process. Expenditures germane to the collective bargaining process (“chargeable” expenditures) represent only that portion of the Unions expenditures devoted to collective bargaining, contract administration, grievances and arbitration, and other matters affecting wages, hours, and other conditions of employment. Examples of “chargeable” expenditures include: the cost of negotiations with employers; contract administration expenses; communication with employers regarding work related issues; handling employees work related problems through the grievance and arbitration procedure; and Union administration. Examples of expenditures not germane to the collective bargaining process (“non chargeable” expenditures) include expenses made for community services; for political purposes; for certain affiliation fees; and for benefits available only to members and their families. The fee reduction will represent these non-chargeable expenditures.

Individuals who choose to file an objection will receive a rebate of their fees equal to the percentage of the Union’s expenditures that is spent on non-chargeable expenses.

Individuals who choose to file objections to funding expenditures that are not germane to the collective bargaining process should file them in writing to:

HNHP, PO Box 1975, Aiea, HI, 96701.

Please include ‘Dues Objection’ in the subject line. The objection must include the objectors name, home address, employee number, employer, job title, department, work location, a business and personal telephone number, and both work and personal email addresses.

In order for an objection to be recognized, it must be postmarked within thirty (30) days of being compelled to pay dues or fees to the Union or within thirty (30) days of the new hires receipt of new employee information. All objections will be effective on the first day of the month following the month in which the objection was received by the Union.

In addition to any other avenue of relief available under the law, an objector may challenge the Union's classification or calculation of expenditures before a neutral arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any challenge a nonmember makes may be coordinated or consolidated with other challenges to the union's determinations before a single Arbitrator selected by the American Arbitration Association.

Challengers must notify the Secretary of the Hawaii Nurses and Healthcare Professionals Union, PO Box 1975, Aiea, HI, 96701, in writing, of any challenge he or she wishes to make through this arbitration procedure.

Such notification must be received by the Secretary within thirty (30) days of the challenger's receipt of a letter from the Union informing the challenger of the amount of the rebate, the basis for the calculation, and the internal procedures for filing a challenge. That challenge should specify which classifications and/or calculations by the Union are being challenged.

The Union shall bear the burden of justifying their classifications and calculations. If a hearing at which the parties or witnesses may be present is held by the arbitrator, it will be held at a location most convenient to the largest number of involved challengers. The cost of the arbitration proceedings will be paid for by the union. However, a challenger will have to pay his or her own lost time and travel expenses, and the fees, costs, and expenses of any persons they involve in the proceedings.

Once a written challenge is received from an objector, the Union will place an amount equal to the challenged portion of the fee into an interest-bearing escrow account. It shall remain in that account until the Arbitrator issues a decision. Should the decision lower the percentage of chargeable expenditures, the appropriate portion of the escrowed fees, plus the interest earned by that portion while in the escrow account, will be refunded to the challenger. All objectors in the Union affected by the decision of the Arbitrator will then pay the adjusted fee amount determined by the Arbitrator. If the Arbitrator approves the union's classifications and/or calculations, the escrowed money and interest will revert to the union.

ADDITIONAL FACTS YOU SHOULD KNOW:

It is your responsibility to promptly notify the union of any change in name, address, phone numbers, email address, and employment status.

For questions, concerns, or changes in information, please contact us at HNHP, PO Box 1975, Aiea, HI, 96701 or call us at 808-664-6364.

Best Regards,

Interim Executive Board Members
Hawaii Nurses and Healthcare Professionals



Hawaii Nurses & Healthcare Professionals RESPIRATORY THERAPIST MEMBERSHIP APPLICATION

Full Member
 Non-Member
 Non-Member: Religious

FIRST		LAST		M.	
BIRTHDATE		EMAIL	(NON KP.ORG EMAIL)		
ADDRESS				FULL OR PART TIME	
PHONE		DEPT		EMPLOYEE ID#	

MEMBERSHIP APPLICATION AND NOTICE

I voluntarily submit this Application for Membership in Hawaii Nurses & Healthcare Professionals (HNHP) so I can participate in HNHP's activities.

By becoming and remaining a member of HNHP, I know I will be entitled to attend membership meetings, help develop contract proposals for collective bargaining, vote to ratify or reject collective bargaining agreements, run for HNHP offices or support candidates of my choice, receive HNHP publications, updates, and notifications, and take advantage of programs available only to HNHP members and that only HNHP members will be able vote on the course HNHP takes to represent me in negotiations to improve my wages, fringe benefits, and working conditions.

I further understand that HNHP's strength and ability to represent my interests depends upon my exercising my right, as guaranteed by federal law, to join HNHP and engage in protected and concerted actions and participate in collective activities with fellow workers.

I understand that where membership and/or payment of dues or fees are lawfully required as a condition of employment, such dues or fees shall be deducted irrespective of my membership status with HNHP. I understand that if I choose Non-Member status, a service fee shall apply. I also understand that I may certify sincere religious objections to union membership and donate amounts equal to HNHP membership dues to another qualified non-profit. I may also object and deduct the pro-rata portion of regular HNHP dues or fees that are not germane to collective bargaining, contract administration, or grievance adjustment. I understand that I can request HNHP to provide me with information concerning its most recent allocation of expenditures devoted to germane activities and those not germane to HNHP's work as our collective bargaining representative, sufficient to enable me to decide whether to become a member or an objecting non-member.

I understand that non-members who choose to object to paying the pro-rata portion of regular HNHP membership dues or fees that are not germane to collective bargaining will be entitled to a reduction in fees based on the aforementioned allocation of expenditures and will have the right to challenge the correctness of the allocation. If requested, HNHP will provide procedures for filing challenges.

I understand that to establish and maintain membership in good standing, I must pay all dues, fees & assessments duly adopted by HNHP.

DUES CHECK-OFF AND AUTHORIZATION

I hereby authorize Hawaii Nurses & Healthcare Professionals (HNHP) and Kaiser Foundation Hospitals /Kaiser Health Plan, Inc. (the "Employer") to regularly deduct union dues from my owed wages, and transmit/remit the same to HNHP in the amount of FORTY SIX DOLLARS AND THIRTY SIX CENTS (\$46.36) each month, which amount will be deducted from my first paycheck for each month, commencing with the first such month or paycheck following the completion of thirty (30) calendar days of my employment with the Employer, I understand that any annual or other wage increase may increase my automatic dues deducted as a percentage of my wages.

This Dues Check-Off Authorization and specific assignment of my wages to HNHP shall be irrevocable until the termination date of any applicable collective bargaining agreement between HNHP and the Employer, or any extensions thereof, and shall automatically renew itself for similar successive irrevocable periods, unless I give a signed, written notice of revocation to both the Employer and HNHP within fifteen (15) days prior to the termination date of any applicable collective bargaining agreement or any renewal or extension periods thereafter.

I also understand that all HNHP members, whether full-time, part-time, or otherwise, are obligated to meet the above dues requirement each month. HNHP members who do not work during any month or pay period and thus receive no paycheck, still owe, and must remit dues for all such pay periods.

If for any reason the Employer fails to make any required deductions from any of my paychecks, I further authorize the Employer to make all needed catch up deductions in subsequent payroll period(s). This authorization shall remain valid for all HNHP contracts with Employers, ratified now or in the future.

Any payments returned for NON-SUFFICIENT FUNDS (NSF) by the financial institution will incur a \$35 return item charge to the member/non-member and result in delinquent dues status until payment is received. In addition, a \$15 administrative late processing charge will be assessed.

I have read the above, understand the terms of membership and all membership options available, and hereby submit this application for HNHP membership. I also hereby accept membership in HNHP and authorize HNHP to act as my exclusive representative in collective bargaining over wages, benefits and other terms and conditions of employment and agree to be bound by HNHP's Constitution and Bylaws.

SIGNATURE: X _____ DATE: _____

Submit completed and signed form to HNHP @ PO Box 1975, Aiea, HI, 96701
Or scan your completed and signed form and mail to info@hnhp.org
Questions: 808-664-6364



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Payroll Deduction Instructions:

Please follow the steps below to activate payroll deduction.

- Hawaii Nurses and Healthcare Professionals Union **must receive** an original signed payroll deduction form for it to be activated.
- Please check your pay stubs to ensure payroll deduction has started – **initiation fee and dues billed before payroll deduction starts will need to be paid via check or money order.**

(3) Classifications: (choose only one)

Exhibit B (Payroll Deduction): Active Membership (Full Dues Paying Member)

1. Fill out the form and return with member application to Hawaii Nurses and Healthcare Professionals

Exhibit B1 (Payroll Deduction): Non-Member

1. Fill out the form and return with member application to Hawaii Nurses and Healthcare Professionals
2. To be considered for this type of membership, please see page 2-3 of your “Welcome to HNHP Letter” – you must follow the instructions for filing a Beck objection.
 - a. ***Time parameters must be followed or objection will not be considered***
 - b. ***You will lose benefits offered by the union under this classification. Please review your Welcome to HNHP document for the difference between Active Member and Non-member classifications concerning rights and benefits***

Exhibit C (Payroll Deduction): Religious Exemption (not all employees qualify)

1. Fill out form and return with member application to Hawaii Nurses and Healthcare Professionals’ Union
2. To be considered for this type of membership, you must follow the directions found in your Welcome to HNHP document or the Professional Agreement **section 4.1 concerning bona fide religious conviction.**
 - a. *Application will be reviewed by the Board of Directors and member will be notified of approval.*
 - b. *Please be advised that Hawaii Nurses and Healthcare Professionals has the right to charge a Religious exemption employee for the reasonable cost of any/all legal representation held on their behalf.*

Please direct any questions concerning membership documents to:

HNHP Membership Department
Hawaii Nurses and Healthcare Professionals
Phone: 808-664-6364
Address: PO Box 1975, Aiea, HI, 96701
Email: membership@hnhp.org

EXHIBIT B: AUTHORIZATION AND ASSIGNMENT OF WAGES FOR PAYMENT OF UNION DUES

I, _____, an employee of KAISER FOUNDATION HOSPITALS or KAISER FOUNDATION HEALTH PLAN, INC. (my "Employer") voluntarily authorize Employer to:

- 1) Regularly deduct from my wages all monthly union dues, as certified in writing by my union, Hawaii Nurses and Healthcare Professionals ("Union"), and
- 2) Remit to Union all such monies, pursuant to the effective terms of this Authorization and Assignment and the terms of the collective bargaining agreement to which Union and Employer are or have been signatories to (the "CBA").

Dues: Employer shall deduct my dues payments from my first paycheck in each month, starting with the first month or paycheck following my date of hire listed below (the "Hire Date"). I understand that annual or other wage increases could potentially increase the amount of dues deducted (as a percentage of my wages) as determined by a majority vote of Union members eligible to vote on such matters.

Initiation Fee: I authorize the Employer to deduct (after I have been employed by Employer for thirty (30) calendar days) my one-hundred-dollar (\$100.00) Union initiation fee and remit the same to the Union. This Initiation Fee shall be waived for all employees who: 1) completed thirty-one (31) days of employment with Employer before January 1, 2020, 2) completed payment of their first month of dues by March 1, 2020, and 3) provided Union with a signed Recurring ACH Payment/Withdrawal Authorization form with validated information.

Required Payments: I understand that, like all Union members (full-time, part-time, or otherwise) must satisfy the above dues payment requirement for every month during which I am employed by Employer, even if I do not work during any month or pay period and receive no paycheck. I understand that I still owe and must pay dues for all such pay periods. If for any reason Employer misses required deductions from any of my paychecks, I authorize Employer to make all needed catch-up deductions in subsequent payroll period(s).

Duration and Termination: This Authorization and Assignment shall end if my employment with Employer ends but shall otherwise remain valid during the terms of all CBAs, ratified now or in the future and:

- 1) Shall take effect on the Hire Date below,
- 2) Cannot be canceled until the earlier of:
 - a. One year from the Hire Date, or
 - b. Termination of the CBA.
- 3) Shall continue in full force and effect for successive yearly periods beyond the irrevocable period set in subsection 2 above and each subsequent yearly period shall be similarly irrevocable, or
- 4) Shall continue for the period of each succeeding CBA, whichever shall be shorter, unless:
 - a. I cancel this authorization by written notice to Employer within fifteen (15) days after the expiration of any such one (1) year period; or
 - b. The CBA expires during any such one (1) year period and I cancel this authorization by written notice to Employer within fifteen (15) days after expiration of the CBA.

 Hire Date

Address: _____

Email: _____

Phone: _____

 Employee's Signature

 Date

 Date of Birth:

 SSN:

EXHIBIT B1: AUTHORIZATION AND ASSIGNMENT OF WAGES FOR PAYMENT OF UNION SERVICE FEES

I, _____, an employee of KAISER FOUNDATION HOSPITALS or KAISER FOUNDATION HEALTH PLAN, INC. (my "Employer") voluntarily authorize Employer to:

- 1) Regularly deduct from my wages all monthly service fees payable to Hawaii Nurses and Healthcare Professionals ("Union") for its representational activities undertaken on my behalf (including but not limited to negotiating and administering collective bargaining agreements), to pay for monthly union service fees in amounts no greater than those monthly dues payable by Union members, as certified in writing by the Union, and
- 2) Remit to Union all such monies, pursuant to the effective terms of this Authorization and Assignment and the terms of the collective bargaining agreement to which Union and Employer are or have been signatories to (the "CBA").

Service Fees: Employer shall deduct my service fee payments from my first paycheck in each month, starting with the first month or paycheck following my date of hire listed below (the "Hire Date"). I understand that annual or other wage increases could potentially increase the amount of services fees due and deducted (as a percentage of my wages) as determined by a majority vote of Union members eligible to vote on such matters.

Required Payments: I understand that, like all employees in my bargaining unit who do not join the Union (full-time, part-time, or otherwise) I must satisfy the above service fee payment requirement for every month during which I am employed by Employer, even if I do not work during any month or pay period and receive no paycheck. I understand that I still owe and must pay service fees for all such pay periods. If for any reason Employer misses required deductions from any of my paychecks, I authorize Employer to make all needed catch-up deductions in subsequent payroll period(s).

Duration and Termination: This Authorization and Assignment shall end if my employment with Employer ends but shall otherwise remain valid during the terms of all CBAs (ratified now or in the future) and:

- 1) Shall take effect on the Hire Date below,
- 2) Cannot be canceled until the earlier of: a. One year from the Hire Date, or b. Termination of the CBA.
- 3) Shall continue in full force and effect for successive yearly periods beyond the irrevocable period set in subsection 2 above and each subsequent yearly period shall be similarly irrevocable, or
- 4) Shall continue for the period of each succeeding CBA, whichever shall be shorter, unless: a. I cancel this authorization by written notice to the Employer within fifteen (15) days after the expiration of any such one (1) year period; or b. The CBA expires during any such one (1) year period and I cancel this authorization by written notice to Employer within fifteen (15) days after expiration of the CBA.

Hire Date: _____ Employee's Signature: _____ Date: _____

Address: _____

Date of Birth: _____

Email: _____

SSN: _____

Phone: _____

EXHIBIT C: AUTHORIZATION AND ASSIGNMENT OF WAGES FOR CONTRIBUTION TO CHARITABLE FUNDS

I, _____, an employee of KAISER FOUNDATION HOSPITALS or KAISER FOUNDATION HEALTH PLAN, INC. (my "Employer") voluntarily authorize Employer to:

- 1. Regularly deduct from my wages a monthly fee in the same amount as Hawaii Nurses and Healthcare Professionals ("Union") dues, pursuant to the effective terms of this Authorization and Assignment and the terms of the collective bargaining agreement to which Union and Employer are or have been signatories to (the "CBA"), and In accordance with the agreement between the Employer and the Union, to turn over all such monies to the following pre-approved charitable fund of my choice:

Check One Fund:

- HAWAII HEART ASSOCIATION
- LUPUS FOUNDATION OF AMERICA
- THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

- AMERICAN CANCER SOCIETY
- MUSCULAR DYSTROPHY ASSN
- MAKE A WISH OF HAWAII INC. LIFE FOUNDATION

Required Payments: I understand that, like all employees in my bargaining unit who do not join the Union (full-time, part-time, or otherwise) I must satisfy the above charitable contribution required payments for every month during which I am employed by Employer, even if I do not work during any month or pay period and receive no paycheck. I understand that I still owe and must pay the required charitable contribution payments for all such pay periods. If for any reason Employer misses required deductions from any of my paychecks, I authorize Employer to make all needed catch-up deductions in subsequent payroll period(s).

Separate Approval for Accommodations: I understand that submission of this authorization form neither assures nor triggers approval of any written requests for accommodation under Section 4.1(b) of the CBA. I also understand that pursuant to the National Labor Relations Act, 29 USC § 169, if I ask the Union to use the grievance-arbitration procedures under the CBA on my behalf, the Union is authorized to charge me for the reasonable costs of such procedures.

Duration and Termination: This Authorization and Assignment shall end if my employment with Employer ends but shall otherwise remain valid during the terms of all CBAs (ratified now or in the future) and:

- 1. Shall take effect on the Hire Date below,
- 2. Cannot be canceled until the earlier of: One year from the Hire Date, or Termination of the CBA.
- 3. Shall continue in full force and effect for successive yearly periods beyond the irrevocable period set in subsection 2 above and each subsequent yearly period shall be similarly irrevocable, or
- 4. Shall continue for the period of each succeeding CBA, whichever shall be shorter, unless: a) I cancel this authorization by written notice to Employer within fifteen (15) days after the expiration of any such one (1) year period; or b) The CBA expires during any such one (1) year period and I cancel this authorization by written notice to Employer within fifteen (15) days after expiration of the CBA.

Hire Date: _____ Employee's Signature: _____ Date: _____

Address: _____

Date of Birth: _____

Email: _____

SSN: _____

Phone: _____



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Vendor Mail opt-out

Aloha HNHP Member,

Hawaii Nurses and Healthcare Professionals often get requests for our membership mailing lists for the purpose of promoting products or services to our members. Most of these requests are from educational facilities or Continuing Education Departments who are putting on classes they believe will be helpful to professional health care workers. Some requests promote products professional health care workers use such as scrubs, uniforms, shoes, or stethoscopes.

It is HNHP's policy to allow access to our membership to specific vendors if they purchase the access and not the actual membership lists. The policy requires that the entity wanting to access the membership list must sign an agreement stating the purpose for which the information is to be used, that the information will not be shared or passed on to any other entity, and that the data provided is only used for a single mailing with specific permission from Hawaii Nurses and Healthcare Professionals.

We also have a policy that we will not provide the information to any entity that provides strikebreakers or takes other action adverse to the collective bargaining interest of Hawaii Nurses and Healthcare Professionals.

The HNHP Board has requested that we send a letter to each HNHP member informing them of the policy and asking if they wish to have their name removed from this special offer mailing list. If you wish to have your name taken off the list, you will not receive any notices from potential vendors. It will not be possible to advise you of some offerings and not others.

If you wish to have your name removed from the special offer mailing access lists provided to vendors, please check the box below and return it to HNHP, P.O. Box 1975, Aiea, HI, 96701.

If we do not hear from you, we will leave your name on HNHP's special offer membership access lists we sell to vendors, subject to the restrictions noted above.

Please remove my name from the HNHP's special offer mailing access membership lists

Name (Please Print): _____

Address: _____

Home Phone: _____ Work Phone: _____

Authorizing Signature: _____ Date: _____