RT's

MEMBERSHIP APPLICATION AND NOTICE
DUES CHECK-OFF AUTHORIZATION FORM

FIRST		LAST		M.I.	
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 are lawfully required as a condition of employment, such dues shall be deducted irrespective of my membership status with HNHP. 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 & assessments duly adopted by HNHP.

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:		DATE:	

DUES CHECK-OFF 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 bank account, or 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 bank account and/or 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 further authorize deduction(s) following completion of thirty (30) calendar days of my employment, for the total amount of One Hundred Dollars ($100.00). Such deduction is to be made from and sent to HNHP in consideration of HNHP's initiation fee. 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) complete payment of their first month of dues by March 1, 2020, and 3) provide a signed Recurring ACH Payment/Withdrawal Authorization form with validated info by March 1, 2020.
- 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 no 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 Employer to make all needed catch-up deductions in subsequent payroll period(s). This authorization shall remain valid for all HNHP contracts with Employer, ratified now or in the future.

SIGNATURE:		DATE:	

NOTE: Union dues and contributions are generally not deductible as charitable contributions for Federal Income Tax purposes. Dues, fees and assessments paid to HNHP may qualify as deductible business expenses in limited circumstances, subject to restrictions imposed by the Internal Revenue Code. Please consult a qualified tax professional.

Email a scan/photo of your signed, completed form to: info@hnhp.org

Or mail completed/signed forms to: 841 Bishop Street #1101 Honolulu, HI 96813

QUESTIONS?
Call: 808-664-6364

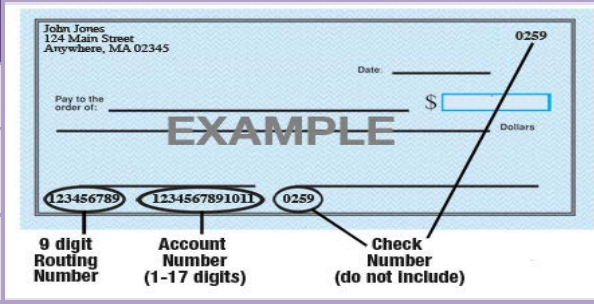
RECURRING A.C.H. PAYMENT/WITHDRAWAL AUTHORIZATION

You can schedule dues payments to be automatically deducted from your checking account. Recurring ACH payments WILL make your life easier. To get started, complete and sign this form! By doing so, you authorize regularly scheduled debits to your checking account, which will be debited the amounts indicated below. Please ensure you provide all applicable information below:

FIRST NAME		LAST NAME		M.I.	

I,(named above) hereby authorize Hawaii Nurses & Healthcare Professionals, a Hawaii non-profit corporation and a labor union certified as my collective bargaining representative, to debit the bank account indicated below on the 5th day of each month for payment of union dues obligations and other assessments authorized by HNHP's members and Bylaws, as specified below and as amended from time to time via 24 hours advanced written notice from HNHP.

BANK NAME				BRANCH	
BANK ADDRESS	CITY:			STATE:	ZIP:
BANK ROUTING NUMBER			BANK ACCOUNT NUMBER		
ACCOUNT TYPE	CHECKING		SAVINGS		
MONTHLY DUES AMOUNT	**$46.36** (0.70% of monthly Job Rate Wages) (average of 144 hours/month)				
INITIATION FEE AMOUNT	**$100** (If Applicable)				



TERMS AND CONDITIONS *I understand and agree that:*

- If a payment due date falls on a weekend or holiday, the payment may be executed on the next business day.
- These are electronic transactions. Adequate funds must be available for withdrawal from account by payment due date.
- This authorization remains in full force and effect until HNHP receives signed and written notification from me of its modification or termination in such time and manner as to afford HNHP and the bank listed above reasonable opportunity to act on such notice.
- Any and all changes in my account information, including requests to terminate this agreement, must be sent in writing to HNHP, at least 21 days prior to the next due date.
- If the bank rejects an ACH transaction for Non-Sufficient Funds (NSF), submission error, or other bank-related return reasons, HNHP may, at its discretion, resubmit the ACH debit transaction within ninety (90) days.
- A $35 return item charge may be assessed for each returned ACH debit and an additional $15 administrative late processing charge will be assessed if the amount due is not timely received in good and collected funds.
- The origination of ACH transactions to my account must comply with U.S. law and I will not dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE:		DATE:	

NOTE: Union dues and contributions are generally not deductible as charitable contributions for Federal Income Tax purposes. Dues, fees and assessments paid to HNHP may qualify as business expenses, and may be deductible in limited circumstances, subject to various restrictions imposed by the Internal Revenue Code. Please consult a qualified tax professional.

*By initialing or writing an amount here, I volunteer to **HELP ENSURE HNHP'S START-UP SUCCESS** by authorizing a one-time, sponsorship contribution of:*	*$25*		*$50*		*$100*		*Other*	

Email a scan/photo of your signed, completed form to: info@hnhp.org

Send a ***photo of a voided check*** clearly showing your name and routing & account #s

Or mail completed/signed form and voided check to: 841 Bishop Street #1101 Honolulu, HI 96813

QUESTIONS?

Call: 808-664-6364