

# HEMOCARE MEMBERSHIP APPLICATION

## SEIU LOCAL 503, AFL-CIO, CLC OREGON PUBLIC EMPLOYEES UNION

(Press Hard; Please Print or Type Clearly)

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(SSSD REQUIRES YOUR SSN TO FORWARD YOUR DUES TO SEIU LOCAL 503, OPEU) MONTH DAY YEAR

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
FIRST MI LAST

RESIDENCE ADDRESS \_\_\_\_\_  
(REQUIRED) STREET CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP

ALTERNATE MAILING ADDRESS \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP

WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYMENT STATUS: Live-In \_\_\_\_\_ Hourly \_\_\_\_\_

I desire to be represented by SEIU Local 503, OPEU and hereby designate Senior and Disabled Services Division to deduct monthly from my salary, wages, or other sums due me, the amount of my dues for membership in the Oregon Public Employees Union, as provided in its Bylaws and disburse same to SEIU Local 503, OPEU.

The SEIU Local 503, OPEU Bylaws (Art. XV Sec. 9) provide for a contribution as determined from time to time by the member-elected General Council for the benefit of the Union's political action program. You may opt to have this contribution go to the SEIU Local 503, OPEU Scholarship Fund instead of the political action program by checking the box at the right.

### Voluntary SEIU Local 503, OPEU Political Action Checkoff Citizen Action By Public Employees (CAPE)

\$4.16 = 2.4¢/hour/month

\$8.33 = 4.8¢/hour/month

For financial contributions to member-endorsed candidates for Local, Legislative, and Statewide offices. These elected officials make critical decisions on our PERS, our salaries, and laws specifically affecting SEIU Local 503, OPEU members. This contribution qualifies for the Oregon Political Tax Credit. Single filers are eligible for a credit of up to \$50 per year; joint filers up to \$100 per year.

I hereby request my employer to deduct the above amount from my monthly earnings, and to remit that amount on my behalf to my Union — OPEU. This amount is to be a continuing monthly deduction and can be terminated by my written notice.

(This contribution is in addition to your Union dues.)

Dues and fees to SEIU Local 503, OPEU are not deductible as charitable contributions for federal income tax purposes. They may qualify as business expenses, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code. Changes which may from time to time occur in state and federal law will not alter these deduction requests, unless so indicated by me.

At the time you enrolled as a client-employed provider, you were required by 42 CFR 433.37 to give Senior and Disabled Services Division your Social Security number. Your signature below will give Senior and Disabled Services Division authorization to release your Social Security number to SEIU Local 503, OPEU to allow SEIU Local 503, OPEU to identify and track your membership dues deduction. If you do not wish to consent to this release, you can check the box to the right. **Please do not check this box if you want to become an active member.** Your Social Security number is kept strictly confidential.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RETAIN BOTTOM COPY FOR YOUR RECORDS RETURN ALL OTHER COPIES TO SEIU LOCAL 503, OPEU, PO BOX 12159, SALEM, OR 97309-0159