

FEDERATION OF NURSES, UFT  
DUES ASSIGNMENT AND DEDUCTION AUTHORIZATION

UNION COPY

NAME .....  
First Initial Last

HOME ADDRESS .....  
Number Street

.....  
City State Zip Code

PRIMARY PHONE # .....  
Area Code/Number  LANDLINE  MOBILE PHONE

NON-DOE EMAIL ADDRESS.....

SOCIAL SECURITY # .....

EMPLOYER.....

**TEXT ME!**

MOBILE PHONE # FOR TEXT MESSAGES.....  
Area Code/Number

Yes, I would like to receive occasional text messages from the UFT (message and data rates may apply).

PRINT ALL INFORMATION

(SEE REVERSE SIDE)

GJ11010

FEDERATION OF NURSES, UFT  
DUES ASSIGNMENT AND DEDUCTION AUTHORIZATION

EMPLOYER COPY

NAME .....  
First Initial Last

HOME ADDRESS .....  
Number Street

.....  
City State Zip Code

HOME PHONE # .....  
Area Code/Number

EMAIL ADDRESS.....

SOCIAL SECURITY # .....

EMPLOYER.....

PRINT ALL INFORMATION

(SEE REVERSE SIDE)

GJ11010

**FEDERATION OF NURSES, UFT**  
LOCAL 2, AMERICAN FEDERATION OF TEACHERS, AFL-CIO  
52 BROADWAY, NEW YORK, NY 10004 • (212) 777-7500

Pursuant to applicable law, I assign to the Federation of Nurses, UFT from my compensation as an employee of **Lutheran Medical Center** (hereinafter called "my employer") \$ \_\_\_\_\_ or such different amount as the Federation of Nurses, UFT and I authorize and direct my employer to withhold this sum from the first compensation due me each month and remit it to the Federation of Nurses, UFT within 10 days thereafter.

I submit this assignment and authorization with the understanding that it will be effective and irrevocable for a period of one year from this date or up to the termination date of the current collective bargaining agreement between my employer and the Federation of Nurses, UFT, whichever occurs sooner.

This authorization and assignment shall continue in full force and effect for yearly periods beyond the irrevocable period set forth above and each subsequent yearly period shall be similarly irrevocable unless revoked by me within the 30-day period preceding expiration of such irrevocable period. Such revocation shall be effected by simultaneous written notice by registered or certified mail to my employer and the UFT, which must be delivered within such 30-day period.

The assignment and authorization are effective at once.

Date \_\_\_\_\_

\_\_\_\_\_  
Employee signature

(SEE REVERSE SIDE)

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Employee signature

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