



I want to help SEIU Local 1991 members have a political voice.
Together we can advance healthcare issues important to working families.

SEIU COMMITTEE ON POLITICAL EDUCATION (COPE) AUTHORIZATION

I hereby authorize my employer to deduct from my wages and pay SEIU Local 1991 Cope, the following amount per pay period:

\$5.00 \$10.00 \$15.00 \$25.00 Other: _____

We need to join together and contribute to our political fund (COPE) so that we can effectively:

- Support local Commissioners and other candidates who stand up for Nurses, Doctors and Healthcare professionals and approve contracts;
- Lobby statewide for Healthcare issues of importance to our members (Such as Safe Lifting, Safe Staffing and Special Risk Retirement);
- Because we are prohibited from using our dues money for politics; and
- Because politics are a critical part of winning good contracts and maintaining County, State and Federal funds to support quality patient care.

I understand that I am not required to sign this form or make contributions to SEIU COPE as a condition of employment or membership in the union, and that I may decline to contribute without any reprisal. I understand that only union members and executive or administrative staff who are US citizens or lawful permanent residents are eligible to contribute to SEIU COPE, and that SEIU COPE uses the contributions it receives for political purposes, including but not limited to addressing political issues of public importance and contributing to, and spending money in connection with, federal, state and local elections.

Contributions to SEIU COPE are not tax deductible as charitable contributions for federal income tax purposes. This authorization shall remain in effect unless revoked by me with 30 days written notice to both SEIU 1991 and my employer.

Registered to vote?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOGETHER, WE CAN WIN FOR QUALITY CARE!

Signature _____ Print Name _____
Date _____ Last 4 Soc. Sec. # _____ Orientation/Recruited By _____

SEIU Healthcare Florida Local 1991

1601 N.W. 8th Avenue Miami, Florida 33136
Tel: 305-620-6555 • Fax: 305-620-1429 • www.seiu1991.org



I want to unite with my co-workers for a strong voice at work.
Together we can stand up for quality care and safe working conditions.

MEMBERSHIP APPLICATION and DUES DEDUCTION AUTHORIZATION

First Name _____ MI _____ Last Name _____
Home Address _____ City _____ State _____ Zip _____
Work Tel () _____ Home Tel () _____ Cell () _____ Text
Email _____ Badge ID # _____
Date of Birth _____ Last 4 Soc. Sec. # _____ Lawson ID # _____
Hospital/Unit _____ Job Title _____ Shift _____
Dept./Division _____

I hereby authorize the SEIU Healthcare Florida Local 1991 (SEIU1991) as my employee organization to represent me in labor-management relations with my employer.

I apply for membership in SEIU 1991 and hereby authorize and direct my employer to deduct membership dues of 1.25% of my base wages with a cap of such amount as may be set forth in accordance with the union's bylaws, and to transmit my dues to SEIU 1991. In addition, I authorize my employer to provide SEIU 1991 with my current address and phone numbers.

This authorization shall remain in effect unless revoked by me with 30 days written notice to both SEIU 1991 and my employer.

Signature _____ Date _____

Orientation/Recruited By _____

Registered to vote?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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