



**A United Voice for Doctors, Our Patients,
& the Communities We Serve**



MEMBERSHIP/DUES AUTHORIZATION CARD

I wish to be a member of Doctors Council SEIU and authorize deduction of dues as set forth below.

COPE is our Political Accountability Fund. I agree that our healthcare system is significantly shaped by elections, legislative decisions and governmental actions. By contributing to the Doctors Council SEIU COPE, I can strengthen our voice by helping elect leaders who will stand up for the things that matter to us and our patients. I want a voice in the policy and political arenas through the Doctors Council SEIU COPE. If we work together, we can elect leaders who are on our side and hold them accountable. I want to do my part and contribute now.

Yes, I want to hold our elected officials accountable. I hereby authorize Doctors Council SEIU to file this payroll deduction with my employer and for my employer to deduct: \$20 or \$15 or \$10 per bi-weekly paycheck and transfer the funds to the Doctors Council SEIU COPE as a voluntary deduction to SEIU COPE. My signature shows that I have reviewed and agree with the terms stated here.

(Please print.) Return the completed form to your union representative, or by emailing to info@doctorscouncil.org, or by fax: 212-481-4137; or by mailing to: Doctors Council SEIU, 50 Broadway, 11th Floor, Suite 1101, New York, NY 10004; phone: 212-532-7690.

FIRST NAME *(please print clearly)* **LAST NAME** *(please print clearly)* **SIGNATURE** **DATE**

SOCIAL SECURITY # **DATE OF BIRTH** **DATE OF HIRE** **GENDER** **PERSONAL EMAIL**
(will be kept confidential) *I authorize Doctors Council to send me important text messages. Standard carrier messaging rates apply. Doctors Council respects your privacy and will not disseminate your contact information to third parties.*

HOME PHONE **CELL PHONE**

HOME ADDRESS **APT #** **CITY** **STATE** **ZIP**

EMPLOYER **FACILITY / HOSPITAL** **JOB TITLE**

DEPARTMENT / UNIT / WORK LOCATION **SHIFT** **HOURS PER WEEK** **DAYS OFF** *Full-time* *Per Diem*
 Part-time *Sessional*
 Moonlighter *Other* _____

WORK PHONE **WORK EMAIL** **PAGER # / PIN** **# OF DEPENDENTS**

MEDICAL SCHOOL ATTENDED **RESIDENCY PROGRAM / HOSPITAL** *Yes* *No* *Single* *Married*
REGISTERED TO VOTE **MARITAL STATUS**

OTHER FACILITIES I WORK AT **PROFESSIONAL ASSOCIATIONS/SOCIETIES I BELONG TO**

DUES CHECK OFF AUTHORIZATION / MEMBERSHIP AUTHORIZATION

My employer is authorized and directed to deduct from my wages or salary my weekly, bi-weekly, or monthly dues each and every such period and to remit the amounts deducted to Doctors Council SEIU, as provided for in the Collective Bargaining Agreement between Doctors Council SEIU and my Employer. I hereby accept membership in Doctors Council SEIU and I authorize its agents and representatives to act as my exclusive collective bargaining agent in all matters pertaining to rates of pay, hours, and other terms and conditions of employment. This full power and authority to act for the undersigned supercedes and cancels any power or authority heretofore given to any person or organization to represent me. I agree to abide by and be bound by the union's constitution and bylaws and by any agreements or contracts that may be in existence at this time or that may be negotiated or agreed to by the union. This authorization shall be binding on any successor Employer, who is authorized and directed as stated above.

The dues check off authorization/membership authorization shall be irrevocable for the period of one year or until the expiration of the Agreement between Doctors Council SEIU and my Employer, whichever occurs sooner, and shall renew itself from year to year unless I give written notice to Doctors Council SEIU at least fifteen (15) days prior to the effective date of the revocation of this authorization. I understand that: 1) I am not required to make COPE contributions as a condition of my employment by my employer or membership in the union; 2) I may refuse to contribute to COPE without any reprisal; 3) Only union members and executive/administrative staff who are U.S. citizens or lawful permanent residents are eligible to contribute to Doctors Council SEIU COPE/SEIU COPE; 4) The amounts on this form are merely a suggestion, and I may contribute more or less to COPE by this or some other means without fear of favor or disadvantage from the union or my employer; 5) Doctors Council SEIU COPE/SEIU COPE uses the money 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 and addressing health care issues of importance to Doctors Council members. COPE contributions are not deductible for federal income tax purposes. This COPE authorization shall remain in effect until revoked in writing by me.