



**Rhode Island Hospital
United Nurses and Allied Professionals
Local 5098**

Dues Deduction Form

I, **(print)** _____, hereby authorize RI Hospital to withhold from the salary due me the rate of dues fixed by the Union. I understand that this authorization may be revoked by me upon sixty (60) days written notice to the treasurer of the Union. In the absence of such notification, this authorization shall be deemed to be continuous until revoked by me or until termination of my employment. I hereby waive all right and claim for said monies as deducted and transmitted in accordance with the authorization and relieve the RI Hospital and all its officers from any liability thereof.

Union dues are not tax deductible as charitable contributions for Federal Income Tax purposes. However, dues may be tax deductible as ordinary and necessary business expenses.

Signature _____ **Date** _____

PERSONAL Email address (print clearly) _____

Would you follow UNAP on Facebook? If so - Please provide your profile

name (print clearly) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (____) _____

Job Title _____

Unit _____

The information provided is confidential and used solely for administrative purposes of the Union.

Mail this form to RIH-UNAP, 375 Branch Avenue, Providence, RI 02904