



Kent Hospital
United Nurses and Allied Professionals, Local 5008

Dues Deduction Form

I, _____ (PLEASE PRINT), hereby authorize Kent 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 Kent 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 (Please PRINT) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Job Title: _____

Unit/Dept: _____

Hours per week: _____

Hire date: _____

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

Kent-UNAP 375 Branch Avenue Providence, RI 02904 phone 831-3647 fax 831-3677

Office use - Mailed contract/materials