



**Rhode Island Hospital  
United Nurses & Allied Professionals, Local 5098**

**Dues Deduction Form**

I (print name) \_\_\_\_\_, 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 mon-ies as deducted and transmitted in accordance with the authorization and relieve the RI Hospi-tal 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.**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Information provided is confidential and used only  
for administrative purposes of the Union.**

**Personal EMAIL Address** \_\_\_\_\_

*Fax to 831-3677 (no area code needed)  
or email form to Eileen@unap.org  
A reply will be sent to confirm receipt of form.*