

## APPLICATION FOR MEMBERSHIP

# HomeHealthcare Workers of America

LOCAL \_\_\_\_\_

93 Lake Avenue, Suite 103 • Danbury, CT 06810 • (203) 205-0101

I apply for membership in HOME HEALTHCARE WORKERS OF AMERICA, IUJAT and designate this Union to represent me for collective bargaining with my employer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: X \_\_\_\_\_

SIGN HERE

## CHECKOFF AUTHORIZATION

I direct my employer to deduct from my wages and to pay to HOME HEALTHCARE WORKERS OF AMERICA, IUJAT dues and initiation fees in said Union as may be established by the Union and become due to it from me during the effective period of this authorization. This authorization may be revoked by me by written notice signed by me as of any anniversary date hereof or termination date of any collective bargaining agreement covering my employment, whichever occurs sooner. This authorization shall automatically renew unless written revocation is submitted.

Date: \_\_\_\_\_ Signature: X \_\_\_\_\_

SIGN HERE

SEE IMPORTANT NOTICE ON REVERSE REGARDING LEGAL RIGHTS