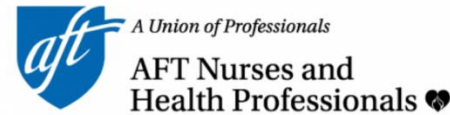




Alaska Nurses
Association
PROVIDENCE
REGISTERED NURSES



ALASKA NURSES ASSOCIATION (AaNA) PROVIDENCE RN BARGAINING UNIT 2024 UNION MEMBERSHIP APPLICATION & PAYROLL DEDUCTION AUTHORIZATION

Please Print

Name _____ Date _____

Employed by Providence Alaska Medical Center Unit _____ Hire Date _____

Address _____ Apt _____ City/State _____ Zip _____

Cell Phone _____ Personal Email Address _____

BECOME A MEMBER OF OUR UNION:

____ **Yes! I wish to become a full member of the Alaska Nurses Association, joining together with my colleagues to improve our lives at work, advocate for our profession, protect our patients, and lift up our community.** I hereby accept membership in the Alaska Nurses Association and designate said union to act for me as collective bargaining agent in all matters pertaining to conditions of employment. I hereby pledge to abide by the Constitution and Bylaws of the Providence Registered Nurses Bargaining Unit and the Alaska Nurses Association. I hereby authorize PAMC to deduct \$12.71 per pay period (\$330.46 per year) membership dues plus one percent of my gross salary per pay period (up to a maximum of \$600 annually). I understand that full membership in my Association will cost between \$330.46 and \$930.46 per year, depending upon my income from PAMC.

SIGNATURE

DATE

EMPLOYEE NUMBER

You will receive emails and text messages from AaNA. You may opt out or unsubscribe at any time. Please be aware that when you are on leave your union dues will not be collected. When you resume working, back dues for the flat membership portion will be deducted for that time period.

Return Form: Fax to 907-272-0292 or scan and email to andrea@aknurse.org