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District 1199C
National Union
of Hospital and Health Care Employees
AFSCME, AFL-CIO
1319 Locust Street



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NATIONAL UNION
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AFSCME, AFL-CIO

APPLICATION FOR MEMBERSHIP

My name _____ Date _____

My address _____

City _____ State _____ Zip _____ Telephone () _____

Employed at _____ Job Title: _____

Date hired _____ Salary _____ Hrs. per week _____ Shift _____

I hereby apply for membership and designate the National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO to represent me in collective bargaining negotiations on wages, hours and working conditions.

Signature _____ Soc.Sec. _____

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