

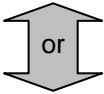


OPEIU HEALTHCARE

Pennsylvania

425 North 21st Street, Suite 402
Camp Hill, PA 17011
1-800-568-4762

APPLICATION FOR "FULL SHARE" MEMBERSHIP

_____	_____	_____
Last Name/First Name/Middle Initial	Home Phone Number	Credentials (RN, RNS, GN, etc...)
_____	_____	_____
Home Mailing Address	Work Phone Number	Basic School of Nursing
_____	_____	_____
City	Cell Phone Number	License State
_____	_____	_____
State / Zip Code	E-Mail Address	Social Security Number
_____	_____	_____/_____/_____
Employer Name		Date-of-Hire
_____		
Employer Address		_____/_____/_____
_____		Eligible (Re)Entry Date into Union
Employer City/State/Zip		

Employment Category (check one) Employed - Full Time Employed - Part Time

Check *ONE* Category (if applicable) Substitute Per Diem

I hereby make application for membership of Local Unit 112 chartered by OPEIU HEALTHCARE Pennsylvania/OPEIU, Local 112, AFL-CIO and authorize such organization to be my exclusive Collective Bargaining representative. I agree to be bound by the Constitution and Bylaws of the Union and its affiliate during the term of membership.

_____ _____

Date Signature

Please mail this form to:

OPEIU HEALTHCARE Pennsylvania, 425 North 21st Street, Suite 402, Camp Hill, PA 17011

The box below is to be completed by the OPEIU HEALTHCARE Pennsylvania "Membership Specialist"

Local Facility Unit #: _____

Approved By: _____

Date of Approval: _____