

OBLIGATION FOR MEMBERSHIP INTO CRONA

I hereby certify that I understand and acknowledge the rights provided to individuals who choose to become members of the Committee for Recognition of Nursing Achievement (CRONA), including the right to vote on contracts, participated in the development of contract proposals, vote on union matters, and be involved in elections and other membership benefits.

I also understand and agree to remain loyal to the principles and policies and to be governed by the CRONA Bylaws and any such rules and/or regulations as may be hereinafter adopted by CRONA.

Copies of the CRONA contract and CRONA Bylaws have been provided to me as of this date.

MEMBERSHIP DUES OR SERVICE FEE DEDUCTIONS

To: Stanford Hospital and Clinics and/or Lucile Packard Children's Hospital:

For each pay period during which I work for Stanford Hospital and Clinics or Lucile Packard Children's Hospital while this Authorization is in effect, I hereby direct that, from my earnings now or hereafter payable to me from the Employer, there be paid to CRONA my CRONA membership dues or an equivalent service fee as indicated below, and I hereby authorize and direct you to deduct such sums from my earnings and pay the same for my account to CRONA. You are hereby authorized to deduct such sums from my earnings payable each pay period. I hereby authorize that this deduction of CRONA dues or service fee be given priority after all State and Federal benefit deductions required by law and medical benefit deductions have been met. The money deducted from my earnings shall be paid by the Employer to CRONA in such a manner as from time to time agreed upon between CRONA and the Employer.

This authorization shall be automatically canceled at such time as I am no longer employed in the bargaining unit represented by CRONA but shall otherwise remain in effect unless I revoke it by sending written notice to the Employer by registered mail, said revocation to become effective thirty (30) days after the revocation is received by the Employer. This authorization is entirely voluntary on my part.

CHECK ONE BOX ONLY:

- Membership Dues** (pay dues, will be able to vote for officers, contracts and bylaws, apply for scholarship and other benefits.)
- Service Fee** (non-member, pay fee, no voting privileges, no membership benefits. If this is chosen, the first two paragraphs of this page will not apply.)

Print Name: _____ **Address:** _____

Signature: _____ **City:** _____

Zip: _____

Last 4 digits of Social Security Number: _____ **Date:** _____

Personal/Home email address: _____ **(Please print)**