



Please mail to: California Nurses Association — Membership Department
2000 Franklin Street, Oakland, CA. 94612

CNA MEMBERSHIP APPLICATION FOR UC EMPLOYEES

(PLEASE PRINT OR TYPE)

Last Name	First Name	Middle Initial
Street Address		
City	State Zip	Home Telephone Number
Social Security Number		Email Address
Unit	Shift	Work Telephone Number

1.	Employer: Provide full name of UC Campus	Hired Date
	City	Department/Unit
2.	Secondary Employer: (CNA or Non-CNA Facility)	
	City	Department/Unit

**EMPLOYEE ORGANIZATION MEMBERSHIP
PAYROLL DEDUCTION AUTHORIZATION
UPAY 669 (10/80)
PLEASE PRINT OR TYPE**

Campus	Loc	Employee I.D.	Mo	day	yr
			/	/	
ACTION ON THIS FORM TO BECOME EFFECTIVE THE PAY PERIOD BEGINNING:			Mo	day	yr
			/	/	
MONTHLY DEDUCTION					
	ENROLL	CANCEL	AMOUNT		
LAST NAME	FIRST	MIDDLE			
DEPARTMENT EMPLOYED AT U.C.					
TITLE AT U.C.					
ORGANIZATION NAME (INCLUDE LOCAL NAME AND NUMBER) <i>CALIFORNIA NURSES ASSOCIATION</i>					
DUES (see reverse for formula)					
INITIATION FEES			N/A	N/A	N/A
GENERAL ASSESSMENT			N/A	N/A	N/A
			TOTAL		

I authorize The Regents of the University of California to withhold monthly or cease withholding from my earnings as an employee, membership dues, initiation fees and general assessments as indicated above. I understand and agree to the arrangement whereby one deduction per pay period (biweekly or monthly) will be made by the University based upon the current rate of dues, initiation fees, and general assessments. I ALSO UNDERSTAND THAT CHANGES IN THE RATE OF DUES, INITIATION FEES AND GENERAL ASSESSMENTS MAY BE MADE AFTER NOTICE TO THAT EFFECT IS GIVEN TO THE UNIVERSITY BY THE ORGANIZATION TO WHICH SUCH AUTHORIZED DEDUCTIONS ARE ASSIGNED AND I HEREBY EXPRESSLY AGREE THAT PURSUANT TO SUCH NOTICE THE UNIVERSITY MAY WITHHOLD FROM MY EARNINGS AMOUNTS EITHER GREATER OR LESS THAN THOSE SHOWN ABOVE WITHOUT OBLIGATION TO INFORM ME BEFORE DOING SO OR TO SEEK ADDITIONAL AUTHORIZATION FROM ME FOR SUCH WITHHOLDINGS. The University will remit the amount deducted to the official designated by the organization. This authorization shall remain in effect until revoked by me — allowing up to 30 days time to change the payroll records in order to make effective this assignment or revocation thereof — or until another employee organization becomes my exclusive representative. It is understood that this authorization shall become void in the event the employee organization's eligibility for payroll deduction terminates for any reason. Upon termination of my employment with the University, this authorization will no longer be in effect. This authorization does not include dues, initiation fees and general assessments to cover any time prior to the payroll period in which the initial deduction is made. Payroll deductions including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions, it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in a subsequent pay period for membership dues, initiation fees and general assessments.

EMPLOYEE SIGNATURE	DATE / /
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FOR UNIVERSITY USE ONLY

	TRAN CODE	EMPLOYEE I.D. NO.	DATE	ELEMENT	BAL CD	AMOUNT
	1 2 4	12	13 18	19 22	23	24 30
	XI		NO DAY YR / /	6	G
	XI		NO DAY YR / /	6	G
	XI		NO DAY YR / /	6	G

RETENTION: 1 YEAR AFTER INACTIVE — ACCOUNTING OFFICE

Application Checklist

- *Print your name*
- *Print your current address*
- *Print your current telephone numbers*
- *Print your social security number*
- *Print your email address*

For Payroll Deduction Authorization:

- *Print your UC Campus and Employee I.D.*
- *Print your name*
- *Print the name of your department*
- *Print your title at UC*

*****Please Sign your Application Form*****

Thanks for your cooperation!

Bi-weekly Deductions:

- If you are paid more than an average of twelve (12) hours per week, your bi-weekly rate is 1.015 times your base hourly rate, up to a maximum of \$60.41.
- If you are paid for an average of twelve (12) hours or fewer per week, your bi-weekly rate is \$30.20.

Monthly Deductions:

- *If you are paid more than an average of twelve (12) hours per week, your monthly rate is 2.2 times your base hourly rate, up to a maximum of \$130.88 monthly.*
- If you are paid for an average of twelve (12) hours or fewer per week, your monthly rate is \$65.44 monthly.

Please note: The maximum monthly rate is adjusted July 1st of each year based on the average wage increase achieved by CNA in the preceding calendar year at Kaiser Permanente, University of California, and Catholic Healthcare West facilities.