

CHECK-OFF OF UNION DUES

TO _____ Hospital/Agency

I currently hold practicing registration as RPN RN both and until this authority is revoked by me in writing, I _____ (print name) HEREBY AUTHORIZE the Government of the Province of British Columbia to deduct from my wages

and pay to the:

- Union of Psychiatric Nurses
OR
 British Columbia Nurses' Union
- Check only one**

The amount of the regular dues payable to the Union by a member of the Union.

I further authorize that the Government of the Province of British Columbia provide the following information to the applicable Union.

Mailing Address _____

Postal Code _____

Home telephone _____ Work telephone _____

Social Insurance No. _____ Job classification _____

Employment Site _____

Employment Status Regular Full-Time Casual Auxiliary

Regular Part-Time On-Call Auxiliary

Signature _____ Date _____

Nurses holding Practicing Registration as a Registered Nurse must remit dues to the British Columbia Nurses' Union.

Nurses holding Practicing Registration as Registered Psychiatric Nurse must remit dues to the Union of Psychiatric Nurses.

Nurses holding Practicing Registration as both a Registered Nurse and a Registered Psychiatric Nurse must remit dues to the Union of their choice.

BRITISH COLUMBIA NURSES' UNION
4060 Regent Street
Burnaby BC
V5C 6P5

UNION OF PSYCHIATRIC NURSES
200 - 508 Clarke Road
Coquitlam BC
V3J 3X2