



**APPLICATION FOR MEMBERSHIP
WASHINGTON HOSPITAL CENTER
PAYROLL DEDUCTION AUTHORIZATION**

DATE: _____

NAME: _____

PLEASE PRINT

SIGNATURE

DEPARTMENT: _____

SHIFT: _____ **JOB TITLE:** _____

DATE OF BIRTH: _____ **EMPLOYEE #:** _____

ADDRESS: _____

CITY AND STATE: _____

ZIP CODE: _____

HOME PHONE #: _____ **CELL#:** _____

WORK PHONE #: _____ **DATE OF HIRE:** _____

E-MAIL ADDRESS: _____

**I HEREBY AUTHORIZE WHC TO DEDUCT FROM
MY WAGE AND PAY TO LOCAL 722, SEIU, SUCH
INITIATION FEE AND MEMBERSHIP DUES IN
AMOUNTS AS MAY BE ESTABLISHED BY THE
UNION FROM TIME TO TIME IN ACCORDANCE
WITH THE UNION'S CONSTITUTION, BY-LAWS AND
APPLICABLE LAWS**

DANIEL FIELDS, JR
President

MARCHEL SMILEY
Treasurer / Business Manager

SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

Hospital Professional
Technical and Service
Workers

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