



OPEIU HEALTHCARE

Pennsylvania

300 North 2nd Street, Suite 920
Harrisburg, PA 17101
1-800-568-4762

APPLICATION FOR "FULL SHARE" MEMBERSHIP

Last Name/First Name/Middle Initial

Home Phone Number

Basic School of Nursing

Credentials

Work Phone Number

Graduation (Month/Year)

Mailing Address

E-Mail Address

License State

City / State / Zip

Social Security Number

Employer Name

Employer Address

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 _____ 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, 300 North 2nd St., Suite 920, Harrisburg, PA 17101

Local Unit #: _____

Approved By: _____

Date: _____