

**OHIO NURSES ASSOCIATION  
4000 EAST MAIN STREET  
COLUMBUS, OHIO 43213-2983  
(614) 237-5414 – FAX (614) 237-6074**

**AUTHORIZATION FOR MEMBERSHIP DUES DEDUCTION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employee ID Number \_\_\_\_\_

I hereby authorize University of Cincinnati Medical Center to deduct from my earnings such sums as the Ohio Nurses Association and local unit may certify as due and owing from me as monthly membership dues; and to promptly pay such sum to said association and local unit. Upon notification by the Association or local unit in writing that the monthly dues have been changed, the hospital is authorized to change my deduction accordingly.

This authorization is in full force and effect until further notification to the Ohio Nurses Association and University of Cincinnati Medical Center of my desire to revoke membership in the Ohio Nurses Association and local unit, a change in the method of dues payment or until the termination of my employment, whichever occurs sooner. Revocation of membership while employed will invoke service fee provisions of the collective bargaining Agreement.

\_\_\_\_\_  
Signature

Return completed forms to: Ohio Nurses Association, 4000 East Main Street, Columbus, Ohio 43213-2983.