

***MEMORANDUM OF UNDERSTANDING #4
PRE-EMPLOYMENT ELIGIBILITY AND CHECK-OFF
ADMINISTRATION**

The following is the Authorization of Dues Deduction form approved by the Parties, as provided for in Article 4(b):

TO **Ministry of:** _____

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 payable to the British Columbia Nurse' Union, 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 Union.

Mailing Address _____

Postal Code _____

Home telephone _____ Work telephone _____

Nursing Registration Number _____ **or Social Insurance No.** _____

Job classification _____

Employment Site / location address: _____

Home Email (optional) _____

Employment Status Regular Full-Time Casual Auxiliary

 Regular Part-Time On-Call Auxiliary

Signature _____ Date _____

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