



CARSON-TAHOE HEALTHCARE EMPLOYEES ASSOCIATION

POST OFFICE BOX 638

CARSON CITY, NEVADA 89702

APPLICATION FOR MEMBERSHIP

Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Birthday: _____

Employee Number (Required for Payroll Deduction): _____

Home E-mail Address: _____

(Providing an e-mail address allows us to send occasional e-mail news and notices)

Department: _____ Hire Date: _____

Shift (Circle One): Day Swing Night Variable Other

Employment Status (Circle One): Full Time Part Time

Job Title: _____

Recruited By: _____

ALL APPLICATIONS MUST BE RETURNED TO A CTHEA OFFICER/BOARD MEMBER BEFORE THE APPLICATION IS ACCEPTED.

**** IMPORTANT—PLEASE READ ** IT IS THE EMPLOYEE'S RESPONSIBILITY TO NOTIFY A CTHEA OFFICER/BOARD MEMBER WITHIN THIRTY DAYS OF AN EMPLOYMENT STATUS CHANGE AFFECTING ELIGIBILITY FOR MEMBERSHIP.**

TO: HUMAN RESOURCES

AUTHORIZATION FOR PAYROLL DEDUCTION AND REPRESENTATION

I hereby authorize my employer, Carson Tahoe Health, its affiliates and any successor entity, to deduct from my wages \$13.00 each pay period and any increases as approved by Carson-Tahoe Healthcare Employees Association. I further authorize Carson-Tahoe Healthcare Employees Association to represent me in all employment matters in accordance with Nevada law and the NLRA.

Signature: _____ Date: _____