



NPHA-USW LOCAL 1969
2328 E. LINCOLN HWY #146
NEW LENOX, IL 60451-9533

NPHA-USW MEMBERSHIP APPLICATION

Authorization & Obligation of Membership Dues

YES! I want to support the NPhA-USW Local 1969 Membership through *monthly* contributions. *Membership Dues are 1% of your salary.*

Dues Calculation

160 Hours x \$64.50 x 0.01 = \$103.20

144 Hours x \$64.50 x 0.01 = \$92.88

128 Hours x \$64.50 x 0.01 = \$82.56

Hours Worked x \$64.50 x 0.01 = Amount Due

New Hires - # Hours Worked x Hourly Rate x 0.01 = Amount Due

- I authorize a *monthly debit* of \$_____ unless I rescind this authorization for automatic payment from my credit card, for which then I will be invoiced to pay membership dues by check. *Automatic payments will occur on or after the 10th of each month. Each payment covers two pay periods and will be applied to the month worked prior (ie. August 10th dues payments are applied to hours worked in July).*
- *Upon enrollment, dues are required for membership and for the continuation of your employment with Walgreens for the duration of the Collective Bargaining Agreement in effect through May 22, 2020. (Article II, Section 1: a, b, c, d)*
- *If you would like a notification when an automatic payment takes place, please enter your email address here:*

Email _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card No. _____ **Expiration Month/Year** _____ **Sec. Code** _____

OR

- YES!** I prefer to support the NPhA-USW Local 1969 Membership through monthly payments by check. *You will be invoiced monthly.*

Signature: _____ **Date:** _____

Thank you for your membership! Please mail this form to the address listed above. Thank you.