



SEA BENEVOLENCE FUND
State Employees' Association of New Hampshire
SEIU Local 1984

I hereby authorize my employer to deduct from my pay the sum of

Please check one: \$5.00 \$10.00 Other _____

bi-weekly from my compensation and transmit that amount to the State Employees' Association of NH, SEIU Local 1984. This authorization shall remain in full force and effect until revoked in writing by me.

Name _____

Signature _____ Date _____

I understand this authorization shall remain in effect unless I notify the SEA and my employer in writing to end this authorization. I authorize my employer to communicate changes in my address and phone number(s) to the SEA of NH, SEIU Local 1984. SEA agrees to maintain appropriate confidentiality of information of this membership application.

I understand that: 1) I am not required to sign this form or make SEA Benevolence Fund contributions as a condition of my employment by my employer or membership in the union; 2) I may refuse to contribute without any reprisal; 3) The amounts on this form are merely a suggestion, and I may contribute more or less by this or some other means without fear of favor or disadvantage from the union or my employer; 4) Funds raised through the SEA Benevolence Fund will be used to assist members in need. Contributions to SEA Benevolence Fund are not tax deductible. Please sign this card to indicate that you have read and agree with these terms.