

APPLICATION: DUES ASSISTANCE

Name _____ Chapter _____

Street/PO _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Years As A Member _____ Dept. & Worksite _____ Labor Grade _____

Please State Reason For Request? _____

May We Call You To Discuss This Request? Yes No

If So, Best Time To Call _____ a.m. _____ p.m. Telephone Number _____

Personal Reference: Name _____

Telephone Number _____ Address _____

Estimated Time You Feel You Will Need This Assistance _____

Rebate Procedure:

The committee will make a recommendation which then must go to the Board of Directors for approval/disapproval. If you are allowed a rebate, you will receive a dues refund at the end of each quarter. Continuation of rebates must be requested but in no case will dues rebates exceed one year. Dues deduction during this time is required per article 5.5 of the contract.

APPLICANT SIGNATURE

DATE

SEND TO: **STATE EMPLOYEES ASSOCIATION, SEIU Local 1984**
 207 NORTH MAIN STREET
 CONCORD, N.H. 0330 **271-3411 OR 1-800-852-3737**

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RECOMMENDATION TO BOARD OF DIRECTORS FROM COMMITTEE:

BOARD OF DIRECTORS APPROVE _____ DISAPPROVE _____