



United Nurses & Allied Professionals Local 5019 COPE Fund

I, _____, hereby authorize the State of Rhode Island to deduct from my salary the sum of 50¢, \$1.00, \$2.00, _____ Other per pay check and forward it to the United Nurses & Allied Professionals Local 5019's Committee on Political Education (UNAP Local 5019 COPE FUND). I understand that the UNAP Local 5019 COPE will use the money it receives for political purposes that advance the collective interests of its membership, including contributions and expenditures to support candidates for federal, state, and local offices. This authorization is voluntarily made on the specific understanding that the signing of this authorization and the making of payments to the UNAP Local 5019 COPE Fund are not conditions of membership in the Union nor of employment with the State of Rhode Island. I reserve the right to revoke this voluntary authorization at any time by giving notice to the UNAP Local 5019 COPE.

Signature _____ Date _____

SSN _____ Unit/Department _____

Address _____

City, State, Zip _____

Donations are not U.S. tax deductible.



United Nurses & Allied Professionals Local 5019 COPE Fund

I, _____, hereby authorize the State of Rhode Island to deduct from my salary the sum of 50¢, \$1.00, \$2.00, _____ Other per pay check and forward it to the United Nurses & Allied Professionals Local 5019's Committee on Political Education (UNAP Local 5019 COPE FUND). I understand that the UNAP Local 5019 COPE will use the money it receives for political purposes that advance the collective interests of its membership, including contributions and expenditures to support candidates for federal, state, and local offices. This authorization is voluntarily made on the specific understanding that the signing of this authorization and the making of payments to the UNAP Local 5019 COPE Fund are not conditions of membership in the Union nor of employment with the State of Rhode Island. I reserve the right to revoke this voluntary authorization at any time by giving notice to the UNAP Local 5019 COPE.

Signature _____ Date _____

SSN _____ Unit/Department _____

Address _____

City, State, Zip _____

Donations are not U.S. tax deductible.