

APPLICATION AND NOTICE FOR MEMBERSHIP IN
KAISER PERMANENTE NURSE ANESTHETISTS ASSOCIATION

I voluntarily submit this Application for Membership in KPNAA so that I may fully participate in the activities of the Association. I understand that by becoming and remaining a member of the Association I will be entitled to attend membership meetings, participate in the development of contract proposals for collective bargaining, vote to ratify or reject collective bargaining agreements, run for Association offices or support candidates of my choice, receive Association publications and take advantage of programs available only to Association members. I understand that only as a member of the Association will I be able to determine the course the Association takes to represent me in negotiations to improve my wages, fringe benefits and working conditions. And, I understand that the Association's strength and ability to represent my interests depends upon my exercising my right, as guaranteed by federal law, to join the Association and engage in the collective activities with my fellow workers.

I understand that under the current law, I may elect non-member status and can satisfy any contractual obligation necessary to retain my employment by paying an amount equal to the union for dues and initiation fee required of members of the Association. I also understand that If I elect not to become a member or remain a member, I may object to paying the pro-rata portion of regular Association dues or fees that are not germane to collective bargaining, contract administration and grievance adjustment, and I can request the Association to provide me with information concerning its most recent allocation of expenditures devoted to activities that are both germane and non-germane to its performance as the collective bargaining representative sufficient to enable me to decide whether or not to become an objector. I understand that nonmembers who choose to object to paying the pro-rata portion of regular Association dues or fees that are not germane to the collective bargaining will be entitled to a reduction in fees based on the aforementioned allocation of expenditures and will have the right to challenge the correctness of the allocation. The procedures for filing such challenges will be provided by the Association upon request.

I have read and understand the options available to me and submit this application to be admitted as a member of KPNAA.

KAISER PERMANENTE NURSE ANESTHETISTS ASSOCIATION
AUTHORIZATION FOR DEDUCTION

I hereby authorize my employer, Southern California Permanente Medical Group, to deduct union dues from my wages and remit the same to the Kaiser Permanente Nurse Anesthetists Association (KPNAA). The amount of Ninety-Five Dollars and No Cents (\$95.00) will be deducted from each bi-weekly paycheck commencing with the first such paycheck following the completion of Thirty (30) calendar days of my employment. When I receive my annual wage increase, an automatic dues increase will be implemented calculated in accordance with the percentage of the Across the Board (ATB) wage increase I receive each October.

This authorization shall remain in effect during the term of the Collective Bargaining Agreement between the Employer and the Association, or any extension thereof. I further authorize the Employer to deduct from the first paycheck following the completion of Thirty (30) calendar days of my employment, the amount of One Hundred Dollars (\$500.00). Such deduction will be made from this paycheck only and sent to KPNAA in consideration of the Association's Initiation Fee.

I also understand that all KPNAA members, whether full time, part time or per diem, are obligated to meet the above requirements each pay period. Those KPNAA members who do not work during a particular bi-weekly pay period and therefore receive no paycheck owe no dues for this non-paid period.

Name:

Date:

e-mail address (Personal email only-Do Not USE KP Email)

Facility

Start Date

Kaiser Person Number

Signature

NOTE: Union/Association dues are not deductible as charitable contributions for Federal Income Tax purposes.

Revised, July 1, 2026
Kathleen Theobald
KPNAA Executive Director
KPNAA Office
25943 Via Pera
Mission, Viejo, CA 92691-2418
www.kpnaa.org
(p) 714-532-4034
(f) 1-714-908-9777