



Oregon Federation of Nurses and Health Professionals Local 5017

2045 SE Ankeny Portland, OR 97214

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ENROLLMENT FORM

Please complete and return application to: OFNHP 2045 SE Ankeny St., Portland, OR 97214

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Mailing & Street Address	Nickname	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Sex
() <input type="text"/>	() <input type="text"/>	M F
Email (Home)	Email (Work)	
<input type="text"/>	<input type="text"/>	
Social Security Number	Hired Date (Month/Day/Year)	
<input type="text"/>	<input type="text"/>	
Employer Name		
<input type="text"/>		
Employer City	Shift	
<input type="text"/>	<input type="text"/>	
Facility	Dept. or work unit location	Job Class/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Check One Member Agency Fee (Non-Member)

Payment Plans I wish to pay my membership dues/fees (check one)

1. **Payroll Dues Deduction**

I hereby authorize a biweekly deduction from my salary, under the rules and regulations of the employer, for payment to the Oregon Federation of Nurses & Health Professionals dues or fees (as determined by the Bylaws of the association). Please see the reverse side for complete detailed information from the bylaws.

2. **One single annual payment** (payable in advance by check or cashiers check and at the maximum dues rate)

3. **Four (4) installment payments per year** (3 months of maximum dues paid in advance by check or money order). Please see the reverse side for complete detailed information from the bylaws.

Signature Authorizing Payroll Dues Deduction

Date (Month/Day/Year)

New member packet sent & entered by _____ date _____

