

National Pharmacists Association-LIUNA Membership Application Authorization & Obligation of Membership Dues

YES! I want to do my part and support the National Pharmacists Association through *monthly* membership dues. *Membership Dues are 1% of your salary.*

Dues Calculation

160 Hours x \$65.79 x 0.01 = **\$105.26**
144 Hours x \$65.79 x 0.01 = **\$94.74**
128 Hours x \$65.79 x 0.01 = **\$84.21**

Hours Worked _____ x \$65.79 x 0.01 = _____ **Amount Due**

Hours Worked _____ x \$61.97 x 0.01 = _____ **Amount Due**

Hours Worked _____ x \$60.00 x 0.01 = _____ **Amount Due**

- I authorize a *monthly debit* of \$ _____ unless I rescind this authorization for automatic payment from my credit card, for which then I will be invoiced to pay membership dues by check. *Automatic payments will occur on or after the 10th of each month. Each payment will be applied to the month worked prior (ie. August 10th dues payments are applied to hours worked in July).*
- I prefer to support the NPhA through monthly payments by check. You will be invoiced monthly.

Upon enrollment, dues are required for membership and for the continuation of your employment with Walgreens for the duration of the **Collective Bargaining Agreement in effect May 23, 2020 –May 31, 2023.** (Article II, Section 1: a, b, c, d). The contract has been extended until a new contract is ratified by the membership.

EFT

Routing # _____ **Checking Account #** _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card No. _____ **Expiration Date** _____ **Sec. Code** _____

Your Name _____ **Phone** _____

Address _____

Email _____

Social Security # _____

Signature _____ **date** _____

Thank you for your membership! Please return this form to the address below. Thank you.

999 McClintock Dr. Suite 300 Burr Ridge, IL 60527

708-995-7463

