



MARITIME RESIDENT DOCTORS DUES AUTHORIZATION FORM

Residents covered by Maritime Resident Doctors' collective agreement must sign an authorization form assigning dues to Maritime Resident Doctors. Please sign the following:

I hereby authorize a bi-weekly deduction from my pay of an amount equivalent to the dues, fees and other assessments required to be paid by all members of the Maritime Resident Doctors, in accordance with its constitution and by-laws, as they may be amended from time to time, and to remit such amounts to Maritime Resident Doctors.

I also hereby authorize Maritime Resident Doctors to act exclusively on my behalf in setting the terms and conditions of employment and I agree to be bound exclusively by the terms and conditions of the collective agreements between Maritime Resident Doctors and my employer. I understand that these authorizations are irrevocable as long as I am enrolled in the Dalhousie Postgraduate Medical Education Program.

NAME (print) _____

(sign) _____

DATE _____