

**ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS**  
**ADIT**  
**SERVICE FEES DEDUCTION AUTHORIZATION**

I hereby authorize and direct my Employer (Hospital) to deduct from my wages, a one-time initiation fee as a new employee of the Hospital, to be paid directly to the Association of Diagnostic Imaging Technologists (ADIT) on my behalf in accordance with the terms of the Collective Bargaining Agreement between the Employer and ADIT. I will have to pay an initiation fee if I have authorized scheduled hours or I am scheduled as a Per Diem. I will not have to pay an initiation fee, if I am scheduled as a Casual. The amount of the one-time initiation fee has been authorized in accordance with the Constitution and Bylaws of ADIT (voted upon by our ADIT Membership).

I further authorize and direct my Employer to deduct a service fee per pay period from my wages, to be paid directly to ADIT on my behalf in accordance with the terms of the Collective Bargaining Agreement between the Employer and ADIT. The amount of this service fee has been authorized in accordance with the Constitution and Bylaws of ADIT (voted upon by our ADIT Membership).

I agree that if I resign my membership in ADIT, but continue to work for my Employer, in an ADIT bargaining unit position, the amount set forth will be deducted from my wages and paid to ADIT for the services provided by ADIT unless applicable federal or state laws permit me to pay a lesser amount.

This Authorization is being provided in accordance with applicable federal or state laws as a condition of your employment with the Hospital. This Authorization shall be modified in accordance with my employment status (Full-time, Part-time, Per Diem, or Casual) when the Hospital gives ADIT written notice and the change will be effective the next pay period. This Authorization shall be modified if the membership fees have been amended by our membership when ADIT gives the Hospital written notice.

\_\_\_\_\_  
 (Employee/Member's Name) – Please Print

Date: \_\_\_\_\_

\_\_\_\_\_  
 (Employee/Member's Signature)

Date of Hire: \_\_\_\_\_

\_\_\_\_\_  
 (Employee/Member's Street Address)

- Job Category: (Please Check One)
- Cardiovascular Technologists \_\_\_\_\_
  - Diagnostic Imaging Technologists \_\_\_\_\_
  - Diagnostic Sonographers \_\_\_\_\_
  - Dietary Technicians \_\_\_\_\_
  - Multi-Specialty Imaging Technologists \_\_\_\_\_
  - Neurodiagnostic Technologists II \_\_\_\_\_
  - Nuclear Medicine Technologists \_\_\_\_\_
  - Occupational Therapy Assistants \_\_\_\_\_
  - OR Instrument Rm Coordinators \_\_\_\_\_
  - Physical Therapy Assistants \_\_\_\_\_
  - Respiratory Therapists \_\_\_\_\_
  - Special Imaging Technologists \_\_\_\_\_
  - Surgical Technologists \_\_\_\_\_

\_\_\_\_\_  
 (Employee/Member's City, State and Zip Code)

\_\_\_\_\_  
 (Employee/Member's Telephone Number)

Total Hours per Pay Period: \_\_\_\_\_

**Send a copy of this Authorization to:**  
 ADIT  
 13750 Crosstown Drive Northwest  
 Suite 108  
 Andover, MN 55304  
 Office: 763-213-8252  
 Fax: 763-753-7463