

I hereby join SHARE.

I understand that members are entitled to vote for and run for elected union positions, to vote on proposed contracts, and to participate in other union activities.

My signature authorizes UMass Memorial to deduct union dues from my wages and transmit them to SHARE.

SHARE Union Membership Card

Name _____

Campus _____

Department _____

Personal email _____

Cell (____) _____

Signed _____ Date _____

To learn more about your right to choose union membership or agency-fee payer status, visit https://theshareunion.net/2026_SHARE_Beck_Notice.pdf

**always
ESSENTIAL!**



SHARE

50 Lake Avenue
Worcester MA 01604
Phone: (508) 929-4020
Fax: (508) 929-4040

www.theshareunion.org
share.comment@theshareunion.org