LABOR PROGRAM MEMBERSHIP APPLICATION

Massachusetts Nurses Association

ESTABLISHED 1903
340 TURNPIKE STREET • CANTON, MA 02021 • WWW.MASSNURSES.ORG
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Safe Limits Save Lives MNA Massachusetts Nurses Association

Revised May, 2017

PERSONAL INFORMATION

Name:_____ RN or Professional License Number* _____

Address: _____ City: _____ State: _____ Zip:_____

Home Telephone: _____ Cell:_____ Work: _____ Ext: _____

Email address: _____

DOB: _____ Gender: _____ Ethnicity: _____Country of Origin: _____

*This is for internal use only. You will be assigned a random membership ID number.

Employer:_____

Job Title: (RN, LIC. SW, PT, MD, etc.)_____ Unit/Location/Floor: _____

Date of Hire: _____ Hours Scheduled/Week: _____ Hourly Rate of Pay: $ _____

Professional Preparation (RN, MD, LIC. SW, etc.): _____ Graduation Date: _____

Degree (BS, AD, etc.): _____ Date: _____ Institution: _____

Advanced Degree (MA, Ph.D, etc.):_____ Date: _____ Institution: _____Subject: _____

Additional Degree: _____ Date: _____ Institution: _____Subject: _____

Special Certification(s): _____

Office use only:
MNA I.D. _____

LABOR PROGRAM MEMBERSHIP DUES/FEES

The monthly amount of dues for MNA shall be two times the individual member's base hourly rate of pay **(excluding any differential or bonus)**, with a minimum monthly rate determined by the average of all step one hourly rates, times two, of all MNA collective bargaining wage scales in effect as of January 1 of the applicable year and not greater than the maximum rate determined by the average of all step seven hourly rates, times two, of all MNA collective bargaining wage scales in effect as of January 1 of the applicable year. Such minimum and maximum rates shall not be less than the prior year and shall take effect as of July 1 of the applicable year.

Member local unit dues** may apply and are not included in the schedules listed below (please see attached for local unit rates). **If you have any questions regarding membership, please call the MNA Division of Membership at 781-821-4625.

CATEGORY	ELIGIBILITY (PLEASE CHECK ONE)	DUES STRUCTURE
Full Membership	(Employed Full Time, Part-time or Per Diem) ❍ Registered Nurse	**monthly dues equal 2X base hourly rate w/ established min. & max. ****
*** Reduced Membership**	❍ Full Time Student **(Min 12 Credits) Documentation required** ❍ New Grad from basic nursing or health care professional program **(Within 6 months of graduation)** ❍ Age 62 or over and not earning more then Social Security system allows.	**monthly dues equal 50% of 2X base hourly rate w/ established min. & max. ****
Agency Service Fee	❍ Non-member category; contract compliance only.	**monthly dues equal 95% of 2X base hourly rate w/ established min. & max. ****
Health Care Professionals	❍ Non-RN	**annual dues equal $624.78**

* *Available subject to verification*

** see MNA website or contact Division of Membership for minimum and maximum rate

PAYMENT OPTIONS Paying your membership fees should be easy. That's why MNA has several payment plans available.

Annual Payment (Billed Annually)

❍ **Personal Check:** Enclose a check made payable to the Massachusetts Nurses Association. *Please include Local Bargaining Unit dues in amount.*

❍ **Credit Card:** Complete information on back.

Installment Plan (3 Payments Billed Annually)

❍ **Personal Check:** Enclose a check made payable to the Massachusetts Nurses Association. *Please include Local Bargaining Unit dues in amount.*

❍ **Credit Card:** Complete information on back.

Monthly Payment (Withdrawn monthly on the 15th)

❍ **Electronic Funds Transfer:** Complete information on back and enclose return documents as requested.

❍ **Credit Card:** Complete information on back.

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Union Direct Policies

- Returns from banks or credit card companies for insufficient funds, refusal of payments, closed or changed accounts etc., will result in an administrative fee billed to the member directly.
- **It is the responsibility of each individual to notify MNA (Canton office) of changes in status, employment status, including resignations & terminations, leave status, name, address, etc. within 30 days of the change, to assure proper credit and continuation of services. No refunds will be issued if the member fails to fulfill this requirement. Any changes which may result in refunds will be processed accordingly at the time of notification and will be retroactive, when appropriate, for a 30-day period only.**
- *Automatic deductions continue unless/until the individual expressly communicates to MNA (Canton office) a wish to discontinue automatic payment.*
- MNA dues and assessments are not deductible as charitable contributions for federal income tax purposes. It may, however, be possible to deduct a portion of dues payments as a business expense (currently 95% of full member dues are tax deductible).

Payment Authorization Please complete information below:

❍ **Credit Card/debit Card**

Please charge my: ❍ Mastercard ❍ Visa ❍ American Express ❍ Discover

*I hereby authorize and request the Massachusetts Nurses Association (MNA) to effect payment for any amounts owing by me to the MNA as such amounts become due monthly by initiating debit entries to my account indicated below. I authorize and request the credit card company to accept any debit entries initiated by MNA to such account and to debit the same to such account without responsibility for the correctness thereof.****

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

❍ **Electronic Funds Transfer (EFT)**

Please read this authorization, include required materials and sign:

*I hereby authorize and request the Massachusetts Nurses Association (MNA) to effect payment for any amounts owed by me to the MNA as such amounts become due by initiating debit entries to my account indicated below by the financial institution named below, hereinafter called "bank", and I authorize and request bank to accept any debit entries initiated by MNA to such account and to debit the same to such account without responsibility for correctness thereof.***

Please enclose a **blank, voided check** or **documentation from your bank with account & routing number**

Bank Name: _____

***It is understood that I may terminate this agreement at any time by written notification to MNA. Such notification to MNA shall be effective only with respect to entries initiated by MNA after receipt of such notification and a reasonable opportunity to act on it

Voluntary Donation

I elect to contribute toward the nursing scholarship/research program and/or toward legislative efforts:

❍ **The Massachusetts Nurses Foundation, Inc.** is a non-profit organization established in 1981, whose mission is to support nurses through scholarships and research awards.
I would like to contribute: $_____ monthly or a one time donation of $_____ (Please make check payable to **MNF**).

❍ **Massachusetts Nurses PAC** is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses and health care professionals, and to raise funds/make contributions to political candidates who support nursing and health care related issues.
I would like to contribute: $_____ monthly or a one time donation of $_____ (Please make check payable to **Massachusetts Nurses PAC**).

MNA Regional Councils

Members are assigned to one of five Regional Councils in which the member resides within the State, or, in the case of an out-of-state resident, to a Regional Council in which the member works.

Signature Return completed form to MNA Division of Membership, 340 Turnpike Street, Canton, MA 02021.

I have read and agree to the policies, terms and conditions contained in this document.

Signature _____

Date _____

Office Use Only (Finance):
Check#: _____ Date: _____ Initial: _____
Total Paid: _____
Membership: Dues: _____ Fees: _____ Initial: _____
Credit: Approved: _____ Denied: _____ Date: _____