Washington State Nurses Association

2011 **Dues Information & Membership Application**

Welcome to the Washington State Nurses Association.

In this document, you will find a membership application and information important to your membership. Please read the information carefully, then complete the application, attach your payment, and mail to WSNA.

» Keep this page in your personal files for future reference. «

Mailing Address:	Washington State Nurses Association 575 Andover Park West, Suite #101 Seattle, WA 98188
Phone:	206.575.7979
FAX:	206.575.1908
Membership FAX:	206.838.3099
Membership e-mail:	membership@wsna.org
Website:	www.wsna.org
ANA Website:	www.nursingworld.org

NOTE: If any of the following changes occur, notify the WSNA Membership Department **in writing** so that we can assure that you receive your full membership benefits in a timely and efficient manner:

1. **Name, Address, Phone Number** and/or **E-Mail Address**
2. **Payment Method** (we need at least 30 days prior notice to make this change)
3. **Change of Employer**
4. **FTE Status** (any changes in the number of hours you work monthly or in your position)
5. **If you are laid off**
6. **If you take a Leave of Absence (LOA):**

   Leave of Absence With Pay: A nurse on a Leave of Absence with Pay shall be considered employed for the duration of the Leave of Absence and thus shall continue to pay his/her membership dues during the Leave of Absence.

   Leave of Absence Without Pay: A nurse on a Leave of Absence without Pay, who has accepted no other employment, shall be considered unemployed for the duration of the Leave of Absence and thus is eligible for dues in the Reduced Membership Category during the Leave of Absence period only. Moreover, she/he may accrue these dues during the Leave of Absence and have a grace period of up to 90 days after returning to work in which to begin payment of the amount which has accrued. The nurse will have up to twelve months to complete payment of these membership dues.

WSNA Dues

The amount of dues you pay includes the ANA, WSNA and the District Nurses Association dues portions. This combined amount is based on the following information 1) the District in which you are employed, 2) the total hours you are scheduled to work per month (FTE), and 3) whether or not you are covered by a WSNA collective bargaining contract. Eight percent (8%) of the WSNA portion of the dues of WSNA collective bargaining members are returned to the WSNA Cabinet on Economic and General Welfare (4%) and to the member's Local Unit (4%) for their use.

WSNA Districts: *The District's portion of your dues are determined by the county's geographic boundaries where you work. If your county is not listed, you are included in District 98.*

- **01** Whatcom
- **02** King
- **03** Pierce
- **04** Spokane / Adams / Lincoln / Pend Oreille
- **05** Walla Walla / Columbia
- **06** Yakima City / North Yakima
- **07** Chelan / Douglas / Grant
- **08** Grays Harbor
- **09** Snohomish
- **10** Wahkiakum/Cowlitz
- **11** Clark/Skamania
- **12** Clallam/Jefferson
- **13** Thurston
- **14** Whitman
- **15** Benton / Franklin
- **16** Skagit / Island / San Juan
- **17** Kitsap
- **18** Kittitas
- **98** All others not listed

WSNA Categories:

- **A** - Employed in a WSNA represented bargaining unit and working an average of 80 or more hours per month.
- **B** - Employed in a WSNA represented bargaining unit and working an average 40 hours or more and less than 80 hours per month.
- **C** - Employed in a WSNA represented bargaining unit and working an average of less than 40 hours per month
- **D** - Employed in a WSNA represented bargaining unit and working as a new graduate nurse who joins within 6 months of passing the NCLEX exam (reduced for the 1st year of membership only).
- **E** - 62 years of age and not employed or totally disabled.
- **F** - Employed an average of 80 hours or more per month and not covered by WSNA collective bargaining contract.
- **M** - Employed, not covered by a WSNA collective bargaining unit working less than 80 hours per month or employed, not covered by a WSNA collective bargaining unit working as a new graduate nurse who joins within 6 months of passing NCLEX (for 1st year of membership only) or unemployed.

Dues Rate Schedule Effective Jan 1, 2011 – Dec 31, 2011 *Subject to change with proper notice*

Members Covered by a Bargaining Unit

	CATEGORY A			CATEGORY B			CATEGORY C / D		
DISTRICTS	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	823.68	275.89	68.64	625.20	209.73	52.10	426.96	143.65	35.58
2	876.96	293.65	73.08	665.28	223.09	55.44	453.60	152.53	37.80
3	832.32	278.77	69.36	631.68	211.89	52.64	431.04	145.01	35.92
4	839.76	281.25	69.98	637.20	213.73	53.10	434.88	146.29	36.24
5,15	818.64	274.21	68.22	621.60	208.53	51.80	424.32	142.77	35.36
7	824.16	276.05	68.68	625.68	209.89	52.14	427.20	143.73	35.60
12	831.12	278.37	69.26	630.96	211.65	52.58	430.56	144.85	35.88
10,13	821.28	275.09	68.44	623.52	209.17	51.96	425.52	143.17	35.46
11	833.76	279.25	69.48	632.88	212.29	52.74	431.76	145.25	35.98
9,14,98	813.84	272.61	67.82	617.76	207.25	51.48	421.92	141.97	35.16
16	828.72	277.57	69.06	629.04	211.01	52.42	429.36	144.45	35.78

Members Not Covered by a Bargaining Unit

	CATEGORY F			CATEGORY M			CATEGORY E		
DISTRICTS	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	580.56	194.85	48.38	396.96	133.65	33.08	198.48	67.49	16.54
2	633.84	212.61	52.82	423.60	142.53	35.30	211.68	71.89	17.64
3	589.20	197.73	49.10	401.04	135.01	33.42	200.64	68.21	16.72
4	596.64	200.21	49.72	404.88	136.29	33.74	202.32	68.77	16.86
5,15	575.52	193.17	47.96	394.32	132.77	32.86	197.28	67.09	16.44
7	581.04	195.01	48.42	397.20	133.73	33.10	198.48	67.49	16.54
12	588.24	197.41	49.02	400.56	134.85	33.38	200.40	68.13	16.70
10,13	578.16	194.05	48.18	395.52	133.17	32.96	197.76	67.25	16.48
11	590.64	198.21	49.22	401.76	135.25	33.48	200.88	68.29	16.74
9,14,98	570.72	191.57	47.56	391.92	131.97	32.66	195.84	66.61	16.32
16	585.60	196.53	48.80	399.36	134.45	33.28	199.68	67.89	16.64

* Installment payments include a handling fee of $3.99 per year.

** Only payroll deduct or EFT payers may use the monthly payments schedule.

TAX INFORMATION: Dues payable to WSNA are not deductible as a charitable contribution for federal income tax purposes. However, these may be deductible under other provisions of the Internal Revenue Code. Please consult your tax advisor for more information.

Washington State Nurses Association

2011 Membership Application

- Return by mail to 575 Andover Park West, Suite 101, Seattle, WA 98188 or by FAX to 206.838.3099
- For questions, call 206.575.7979 or send email to membership@wsna.org

» Please print clearly.

An incomplete application may delay your membership. Please review this form and make sure you have filled in all of the information.

First Name: _____ M.I.: _____ Last Name: _____

Credentials: ☐ RN ☐ LPN Other: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Home Email: _____ Last Four Digits of SSN: _____

Primary Employer / Facility: _____ FTE ____(Hrs wked / Month) or ☐ Per Diem

Date of Hire as RN: _____ Unit: _____ Shift: _____

Secondary Employer / Facility: _____ FTE ____(Hrs wked / Month) or ☐ Per Diem

Date of Hire as RN: _____ Unit: _____ Shift: _____

☐ I am covered by a WSNA Contract (dues category will be A, B, C / D)

☐ I am NOT covered by a WSNA Contract (dues category will be F, M, E)

☐ I am a new generic RN graduate: _____ Mo/Yr of Passing NCLEX (dues category D)

☐ I am employed in District #: _____ (See chart on next page for District #)

– Optional –

For statistical purposes only

Birth Year _____

Gender _____

Race _____

Dues Payment Options *Please select one. See chart on previous page for correct amounts.*

☐ **Full Annual Payment**

Please indicate payment choice; billed once per year.

☐ Check Included

☐ Visa or MC#: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

☐ **Installment** — 3 times per year for 1/3 of annual dues — includes a $3.99 annual service fee

☐ Check for first installment included — Will be billed for future installments.

☐ Visa or MC#: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

(Will be automatically charged 3 times a year).

☐ **Electronic Funds Transfer (EFT)** — Monthly automatic deductions from member's checking account

A blank voided check MUST be included. This authorizes: (1) monthly withdrawals of 1/12 of my annual dues from my checking account (between the 18–20th of the month), and (2) I understand that any changes to the amount or cancellation of this authorization require written notification 20 days prior to the deduction date.

☐ **Payroll Deduction** — I hereby authorize my employer to deduct my Washington State Nurses Association (WSNA) dues from my salary beginning with the next pay period. This money is in payment for dues to my professional association and is to be remitted to the Washington State Nurses Association monthly. A copy of this authorization will be retained by the primary employer and will remain in force until withdrawn by me in writing with 30 days prior notice to WSNA.

As a member of WSNA I will: uphold the bylaws of the WSNA and American Nurses Association (ANA); abide by the ANA Code for Nurses; fulfill the requirements of an office if elected or appointed; promote fulfillment of the functions of the WSNA; and pay dues as required by WSNA. I hereby authorize the selected payment method as indicated above.

Signature: _____ **Date:** _____

NOTICE OF WASHINGTON STATE NURSES ASSOCIATION POLICY REGARDING NONMEMBERS EMPLOYED UNDER UNION SECURITY AGREEMENTS

Federal and state labor laws recognize the right of unions in Washington to enter into collective bargaining agreements with employers that require employees, as a condition of employment, either to join the union (and thereby enjoy all of full rights and benefits of membership) or to pay fees to the union (and thereby satisfy a financial obligation to the union without enjoying the full rights and benefits of union membership). Regardless of the wording of the "union security" agreement, employees represented by the Washington State Nurses Association for purposes of collective bargaining and covered by a union security agreement are not required to become full members of WSNA, and are required only to choose either to be members of WSNA or pay fees to it. Employees who choose to become members of the Washington State Nurses Association pay WSNA dues and receive all of the rights and benefits of WSNA membership. Employees who either decline to become members of WSNA or who resign from WSNA membership may meet their union security obligation by payment of "agency fees" for representation.

WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and which require that all employees must either join the union or pay fees to the union, in order to ensure that each employee who is represented by WSNA pays a fair share of the cost of that representation. Such union security agreements strengthen WSNA's ability to represent employees effectively in collective bargaining, contract enforcement and grievance administration, while eliminating "free riders" who enjoy the benefits of a WSNA contract and representation without contributing their fair share of the union's expenses for negotiating, administering and enforcing the contract. Through the collective bargaining process, nurses represented by WSNA achieve higher wages, better benefits, fairness in the disciplinary procedure, and enhanced respect for their skills and professionalism. These improvements, won through collective bargaining, enhance the terms and conditions of working life for all employees, and allow them to better provide for themselves and their families.

Only WSNA members enjoy all of the full rights of WSNA membership. Only WSNA members have the right to attend local unit meetings and speak out on any and all issues affecting their workplace, WSNA and its members; the right to participate in the formulation of WSNA policies; the right to have input into WSNA bargaining goals and objectives, and to serve on WSNA negotiating committees; the right to nominate and vote for candidates for WSNA office, and to run as a candidate for WSNA office; the right to vote on contract ratification and strike authorization; the right to participate in the WSNA general assembly; and the right to participate in the American Nurses Association and the National Federation of Nurses.

Agency fee payers are non-members of WSNA who are employed under a union security agreement and fulfill their union security financial obligation to WSNA by payment of agency fees. Agency fee payers forfeit valuable rights and benefits of WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment. Any WSNA member who chooses to become an agency fee payer (and thereby forfeit his or her WSNA membership rights) may resign at any time from WSNA by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. All agency fee payers must submit to WSNA an Agency Fee Payer Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA costs germane to collective bargaining, contract administration and grievance adjustment. WSNA automatically reduces the fee charged to agency fee payers by the amount attributable to expenditures incurred for WSNA activities that are not related to its responsibilities as representative for purposes of collective bargaining. In our most recent accounting year, 7.29% of WSNA's total expenditures were spent on activities unrelated to collective bargaining representation. Any non-member who is financially obligated to WSNA under a union security agreement may inspect the audit report of WSNA expenditures at a reasonable time and place upon written request to WSNA. Any non-member who disagrees with the amount of the agency fee may file a written challenge with WSNA, which must be in writing and must state the basis for the challenge. Such challenges shall be decided by an impartial arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any notice required under this policy must be submitted in writing to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188, and is effective upon receipt by WSNA. It is recommended that any notice required under this policy be sent by certified mail, but certified mail is not required for any such notice.