

For Nurses *Not* Represented by WSNA for Collective Bargaining

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.

WSNA CONTACT INFORMATION

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

CHANGES TO YOUR MEMBERSHIP INFORMATION

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. Change of **Name, Address, Phone Number** and / or **E-Mail Address**
2. New **Payment Method** (we need at least 30 days prior notice to make this change)
3. Change of **Employer**
4. Change of **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.

ABOUT 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.

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.

1 Whatcom	5 Walla Walla / Columbia	10 Wahkiakum/Cowlitz	15 Benton / Franklin
2 King	6 Yakima City / North Yakima	11 Clark/Skamania	16 Skagit / Island / San Juan
3 Pierce	7 Chelan / Douglas / Grant	12 Clallam/Jefferson	17 Kitsap
4 Spokane / Adams / Lincoln / Pend Oreille	8 Grays Harbor	13 Thurston	18 Kittitas
	9 Snohomish	14 Whitman	98 All others not listed

DUES CATEGORIES & RATES Effective Jan 1, 2012 – Dec 31, 2012 *Subject to change with proper notice*

F Employed and not covered by a WSNA collective bargaining contract, or unemployed	R New Graduate Nurse, employed and not covered by a WSNA collective bargaining contract (for 1st year of membership only)	E 62 years of age and not employed or totally disabled.
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DISTRICT	CATEGORY F			CATEGORY R			CATEGORY E		
	Annual	Installment*	Monthly	Annual	Installment*	Monthly	Annual	Installment*	Monthly
1, 6, 8, 17, 18	\$405.00	\$136.33	\$33.75	\$205.00	\$69.66	\$17.08	\$202.50	\$68.83	\$16.88
2	\$431.65	\$145.21	\$35.97	\$231.65	\$78.55	\$19.30	\$215.83	\$73.27	\$17.99
3	\$415.25	\$139.75	\$34.60	\$215.25	\$73.08	\$17.94	\$207.63	\$70.54	\$17.30
4	\$413.00	\$139.00	\$34.42	\$213.00	\$72.33	\$17.75	\$206.50	\$70.16	\$17.21
5, 15	\$402.50	\$135.50	\$33.54	\$202.50	\$68.83	\$16.88	\$201.25	\$68.41	\$16.77
7	\$405.25	\$136.41	\$33.77	\$205.25	\$69.75	\$17.10	\$202.63	\$68.87	\$16.89
9, 12	\$408.75	\$137.58	\$34.06	\$208.75	\$70.91	\$17.40	\$204.38	\$69.46	\$17.03
10, 13	\$403.75	\$135.91	\$33.65	\$203.75	\$69.25	\$16.98	\$201.88	\$68.62	\$16.82
11	\$410.00	\$138.00	\$34.17	\$210.00	\$71.33	\$17.50	\$205.00	\$69.66	\$17.08
14, 98	\$400.00	\$134.66	\$33.33	\$200.00	\$68.00	\$16.67	\$200.00	\$68.00	\$16.67
16	\$407.50	\$137.16	\$33.96	\$207.50	\$70.50	\$17.29	\$203.75	\$69.25	\$16.98

TIMING OF PAYMENTS

Annual	Payment is due during the first month of your annual cycle.
Installments	Payments are due during the first month of your installment cycle for one third of your annual dues. Incurs a \$3.99 annual service fee.

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.



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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

YOUR INFORMATION

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

First Name _____ M.I. _____ Last Name _____

Credentials (RN, MN, BSN, etc) _____ Nursing License # _____

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 a new generic RN graduate. Month/Year of passing NCLEX _____ / _____ (Dues category R)

I am employed in District _____. (See chart on previous page for District number.)

Optional: for statistical purposes only — Birth Year _____ Gender F M Ethnicity _____

DUES PAYMENT OPTIONS *Select one. See chart on previous page for correct amounts.*

Full Annual Payment *Payment is due during the first month of your annual cycle. Please indicate payment choice; billed once per year.*

Check Included

Visa or MasterCard Number _____ - _____ - _____ - _____ Exp. Date _____ / _____

Installment *Payments are due during the first month of your installment cycle for one third of your annual dues. Incurs a \$3.99 annual service fee.*

Check Included

Visa or MasterCard Number _____ - _____ - _____ - _____ 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.*

SIGNATURE

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 _____