



# 2016 Minnesota Nurses Association Membership Application Bargaining Unit

Please print clearly and complete both sides of the application.

Name \_\_\_\_\_ Employer / Facility \_\_\_\_\_

Address \_\_\_\_\_ Employee Number \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Date of Hire \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Personal E-Mail \_\_\_\_\_ Unit / Department \_\_\_\_\_  
*(Necessary for access to Member Portal)*

Birthdate \_\_\_\_\_ Gender M F Shift / Rotation \_\_\_\_\_  
*(Circle one)*

License Number \_\_\_\_\_ FTE / Hours \_\_\_\_\_

Have you been an MNA member before? Yes  No  I wish to become a member:  immediately  
 per contract provision

### Dues Category (Check one)

	Annual	Monthly
<input type="checkbox"/> RN Bargaining Unit*	\$780.00	\$65.00
<input type="checkbox"/> LPN Bargaining Unit*	\$396.00	\$33.00
<input type="checkbox"/> Other Bargaining Unit* (Verify rate with MNA)	\$264.00-\$528.00	\$22.00-\$44.00

Please specify title \_\_\_\_\_

\*Bargaining unit members who work less than 832 hours per year may be eligible for reduced dues at 50% of the regular dues.

Minnesota Nurses Association dues are not deductible as charitable contributions for tax purposes, but they may be deductible as a business expense. Please check with your tax advisor.

### RN Dues Allocation (Check one)

Every RN member has the option of directing \$20 of their annual dues to one of three designated funds. These monies will assist in promoting MNA goals and will not affect your membership or employment rights. If you do not select a dues allocation, the \$20 will default to the Strike Fund for bargaining unit members with the right to strike and to the MNAF for all other RN members. You may change your allocation at any time.

- Strike Fund
- MNAF (Minnesota Nurses Association Foundation) *(used for scholarships and nursing research)*
- MNA PC (Minnesota Nurses Association Political Committee Fund)

*I understand that donations to the Political Fund, which may include the direct financial support of political candidates as permitted by state and federal law, are not tax deductible and this allocation may not be paid by my employer.*

**Application for Membership:** I hereby request and accept membership in the Minnesota Nurses Association (MNA). If MNA is, or seeks to become, the collective bargaining representative at my employer, I hereby authorize MNA, its agents, or representatives to bargain collectively on my behalf with my employer in all matters pertaining to wages, hours, and other terms and conditions of employment. I acknowledge that I have received and read the Notice Regarding Union Security Clause and Dues Deduction Authorization included with this application.

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

**Non-member fee payer:** I acknowledge that I have read the Notice Regarding Union Security Clause and Dues Deduction Authorization included with this application and have chosen not to become an MNA member but instead pay a representational fee.

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

**Member Dues / Non-Member Fee Payment Options/Authorization (Check one)**

- Annually (through check, money order, credit card, or debit card). *Complete Credit / Debit Card Information below.*
- Monthly (through electronic funds transfer from your bank account). *Complete EFT information below.*
- Payroll deduction (if your employer provides this option). *Complete Authorization for Payroll Dues Deduction below.*

**Credit / Debit Card Payment**

Name on card \_\_\_\_\_



Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

**Electronic Funds Transfer (EFT)**

*I authorize MNA to withdraw 1/12 of my annual dues from my bank account each month on or after the 15<sup>th</sup>.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a voided check **OR** provide the following information (debit or credit card not acceptable):

Name of financial institution \_\_\_\_\_

Account number \_\_\_\_\_ Routing number \_\_\_\_\_

MNA is authorized to change the amount deducted by giving you 30 days written notice. You may cancel this authorization upon written notification to MNA 20 days prior to the scheduled deduction date.

**Authorization for Payroll Dues Deduction**

*I hereby voluntarily request and authorize my employer to deduct from my wages an amount equivalent to such dues or service fees which may now or hereafter be established by MNA and to remit such deductions to the MNA office by the tenth of each current month. I agree that the employer may deduct the annual dues or service fees by means of uniform periodic deductions. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice to both the employer and MNA during a period of ten days immediately after any anniversary of the date of this authorization or after the date of termination of the applicable agreement between my employer and MNA, whichever occurs sooner, and shall be automatically renewed as an irrevocable authorization from year to year unless revoked as hereinabove provided irrespective of whether I am or remain a member of MNA.*

Employer / Facility \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice Regarding Union Security Clause and Dues Deduction Authorization**

As an employee working under an MNA agreement containing a union security clause, you are required, as a condition of employment, to pay dues or fees to MNA. This is the only obligation under the union security clause. You do not have to actually become a member of MNA. Individuals who are members pay dues, while individuals who are non-members pay a representational fee. This fee, which is authorized by law, is your fair share of sustaining your union's broad range of programs in support of you and your co-workers. Non-members may file objections to funding expenditures that are non-germane to MNA's duties as a collective bargaining agent and thereby be obligated to fees representing expenditures germane to MNA's duties as a collective bargaining agent. Non-members have the right to be given sufficient information to enable them to intelligently decide whether to object and to be apprised of the internal MNA procedures for filing objections. Individuals may obtain a description of the procedures which must be followed to file such objections and further information by writing to the Director of Finance, Minnesota Nurses Association, 345 Randolph Avenue #200, St. Paul, MN 55102.

Non-member fee payers give up many benefits that only MNA members receive. As a member, you will have all the benefits and privileges of membership, including the right to fully participate in the internal activities of the union, the right to attend and participate in membership meetings, the right to participate in the development of contract proposals, to participate in contract ratification and strike votes, the right to vote to set or raise dues and fees, the right to nominate and elect MNA officers, and the right to run for MNA office and for Convention delegate.

The authorization for dues deduction is voluntary. If you do not wish the convenience of this payroll deduction but prefer to pay your dues or service fees directly to MNA, you may do so through monthly electronic funds transfer or payment by check, money order, or credit / debit card.

**Please return your completed application to Minnesota Nurses Association, Attn: Membership Department  
345 Randolph Avenue #200, St. Paul, MN 55102**

**If you have any questions, please contact the MNA Membership Department at  
651-414-2800 / 800-536-4662. Fax: 651-695-7000**