



# 2017 Minnesota Nurses Association Membership Application Non-Bargaining Unit

Please print clearly.

Name \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Hire \_\_\_\_\_ FTE / Hours \_\_\_\_\_

Personal E-Mail \_\_\_\_\_  
(Necessary for access to Member Portal)

Job Title \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender M F  
(Circle one)

Unit / Department \_\_\_\_\_

Have you been an MNA member before? Yes  No

Are you a supervisor? Yes  No

**2017 Dues Rates:**

**Annually = \$402.00**

**Monthly = \$33.50**

**Dues Payment Options and Authorization (Choose one)**

- Monthly billing (through check, money order, credit card, or debit card). *Credit / Debit card information collected upon billing*
- Monthly (through electronic funds transfer [EFT] from your bank account). *Complete EFT information below.*
- Payroll deduction (if your employer provides this option). *Complete authorization for payroll dues deduction below.*

**Authorization for Payroll Dues Deduction**

*I hereby direct and authorize the Employer, upon notice from the Minnesota Nurses Association, to deduct from my wages on the payday following such notice and each payday thereafter, such dues as are levied by said Association and further instruct the Employer to remit the sum(s) so deducted to MNA monthly. I understand that I may terminate the deduction at any time by giving 30 days written notice to my employer and to the Minnesota Nurses Association.*

Signature \_\_\_\_\_

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.

**RN Dues Allocation (Check one)**

Every RN member has the option of directing \$20 of their annual dues to one of three designated funds. If you do not select a dues allocation, the \$20 will default to the MNAF. You may change your allocation at any time.

- MNAF (Minnesota Nurses Association Foundation) *(used for scholarships and nursing research)*  Strike Fund
- 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.*

**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.**

*I hereby request and accept membership in the Minnesota Nurses Association (MNA). Annual dues are billed on a calendar-year basis and cover membership for the entire year. Dues amounts will be prorated during the initial year of membership based on the date membership is applied for.*

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

Please return your completed application and payment to Minnesota Nurses Association,  
345 Randolph Avenue #200, St. Paul, MN 55102  
Phone: 651-414-2800 / 800-536-4662 Fax: 651-695-7000