



Minnesota Nurses Association 2017 - 2018 Non-Bargaining Unit Membership Application

Name _____ Employer / Facility _____
 Address _____ Employee Number _____
 City/State/ZIP _____ Date of Hire _____
 License Number _____ FTE / Hours _____
 Major Practice Area _____ Shift / Rotation _____
 Job Classification _____ Job Title _____
 Personal E-Mail _____ Unit / Department _____
 (Necessary for access to Member Center)

Land Line _____ Cell Phone* _____ Are you a supervisor? Yes No

**By providing my phone number, I agree that MNA may use automated calling technologies and/or text message me on my cellular phone on a periodic basis. MNA will never charge for text message alerts. Carrier message and data rates may apply to such alerts. Call or email MNA at 651-414-2800 or mnnurses@mnnurses.org to stop receiving messages, or simply respond STOP to any text message you receive to stop receiving future messages.*

Dues Rate: Annually = \$402.00 Monthly = \$33.50

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

Notice Regarding Non-Bargaining Membership Rights

As a Non-Bargaining Unit member, you will have all the benefits and privileges of membership as explained in the MNA Policies and Bylaws, including the right to fully participate in the internal activities of the union, 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.

Non-Collective Bargaining Membership is limited to the following categories:

- RNs not covered by a MNA collective bargaining agreement and who maintain current RN licensure in at least one state, territory, possession, or the District of Columbia of the United States
- RNs who work in a supervisory or managerial position
- RNs who are retired

Non-RNs are ineligible to become Non-Bargaining Unit Members

Non-Bargaining Unit members who have been a full member of the Minnesota Nurses Association for 20 years or longer, are retired and not currently working, and otherwise meet the criteria set forth in the MNA Bylaws, qualify for Honorary membership. As an Honorary member, dues are waived and all the rights and privileges of Non-Bargaining Unit membership are retained.

Application for Membership:

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. If I elect to pay my annual dues in monthly installments, I remain responsible for paying the full amount of the annual dues even if I resign my membership before the end of the year or revoke my authorization for payments. Dues amounts will be prorated during the initial year of membership based on the date membership is applied for. I acknowledge that I have received and read the Notice Regarding Non-Bargaining Membership Rights included with this application.

Signature: _____ Date: _____

Application for Honorary Membership:

I hereby request and accept membership in the Minnesota Nurses Association (MNA). I attest that I am retired and no longer working, I have been a member of MNA for at least 20 years, and I otherwise meet the criteria set forth in the MNA Bylaws. Dues will be waived from the date of this application, but re-verification of membership will be done on a calendar-year basis and will cover membership for the entire year. I acknowledge that I have received and read the Notice Regarding Non-Bargaining Membership Rights included with this application.

Signature: _____ Date: _____

Council of Active Retired Nurses (CARn) Membership

CARn is the Council of Active Retired Nurses for the Minnesota Nurses Association. Any Retired MNA member is eligible to join.

Are you Retired and wish to become a member of CARn? Yes No

Member Dues Allocation (Check one)

Every member will direct \$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 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 may be used for the direct financial support of political candidates for state and local office and may be used to address political issues of public importance. Donations to the Political Fund are not tax deductible, and this allocation may not be paid by my employer.

Payment Options/Authorization (Check one)

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

Authorization for Electronic Funds Transfer (EFT)

I authorize MNA to withdraw my monthly dues amount as stated on this form from my account listed below on the 15th of each month or next business day as a recurring, automatic electronic funds transfer from my financial institution beginning on the date indicated next to my signature below. The dues amount may change if authorized according to the requirements of the MNA Bylaws. If this happens, I authorize MNA to initiate a recurring, automatic funds transfer in the new dues amount when notified by MNA in writing of the new amount and with at least twenty (20) days' notice before the next funds transfer date. In the case of checking and savings accounts, adjusting entries to correct errors are also authorized. I agree that these withdrawals and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization shall remain in effect until I revoke my authorization with 20 days' notice to MNA in writing by U.S. Mail, via MNA's online platform, or by other permitted method. I acknowledge that failure to pay my dues on a timely basis may affect my membership standing in MNA, as set forth in the MNA Bylaws.

Signature _____ Date _____

Please provide the following information (debit or credit card not acceptable):

Name of financial institution _____

Account number _____ Routing number _____

Authorization for Payroll Deduction

I recognize the need for a strong union and believe everyone represented by our union should pay their fair share to support our union's activities. I hereby voluntarily request and authorize my employer to deduct from my earnings an amount equal to the regular monthly dues rate uniformly applicable to non-bargaining unit members of MNA and to remit such deductions to the MNA office by the tenth of each month. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and MNA during the period not less than thirty (30) and not more than forty-five (45) days before the annual anniversary date of this agreement or the date of termination of the applicable contract between the employer and MNA, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in MNA.

Employer / Facility _____

Name _____

Signature _____ Date _____

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

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