

[EXHIBIT A \(Access for General Purposes\)](#)

ACKNOWLEDGMENT AND AGREEMENT TO BE BOUND

By my signature below, I hereby acknowledge that I have received, reviewed, and fully understand the MNA Board of Directors Policy entitled Protection of MNA Member and Fee Payer Information ("Policy"). I agree to be bound by, and comply with, said Policy in all respects, and I understand that failure to do so may result in the consequences described in Section III of that Policy.

Dated: _____

Printed Name: _____

Signed: _____

EXHIBIT B (Access for a Limited Purpose)

ACKNOWLEDGMENT AND AGREEMENT TO BE BOUND

I understand that I have been granted access to Member and Fee Payer Information by the Minnesota Nurses Association for the following limited purpose:_____ . I agree to use the Member and Fee Payer Information I am given only for that purpose. In addition, I hereby acknowledge that I have received, reviewed, and fully understand the MNA Board of Directors Policy entitled Protection of MNA Member and Fee Payer Information ("Policy"). I agree to be bound by, and comply with, said Policy in all respects, and I understand that failure to do so may result in the consequences described in Section III of that Policy.

Dated: _____

Printed Name: _____

Signed: _____