

# MICHIGAN NURSES ASSOCIATION Membership Application 2012

UPDATED 1.31.12\*\*

**PLEASE PRINT/TYPE CLEARLY.**

LAST/FIRST/MIDDLE NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ LICENSE PERMANENT ID # \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_  
 CELL PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

## MEMBERSHIP/DUES CATEGORY *(Check one)*

**Full Membership** – *Employed full time, part time or contingent*

- Registered nurse**  
 **Other healthcare professional**

TITLE \_\_\_\_\_

Rates	Annual	Monthly
RN	\$625.44*	\$52.12*
Other HC Professional	\$625.44*	\$52.12*

**\*This rate does not include local bargaining unit dues.  
Contact MNA Member Services for the dues rate for your  
local bargaining unit.**

## PAYMENT OPTIONS *(Check one)*

- Payroll Deduction** – I authorize my employer to deduct the appropriate MNA membership dues from my earnings.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- Electronic Funds Transfer** – I authorize MNA to withdraw the specified amount from my checking account on or after the 15th of the month. I recognize that I may cancel this authorization upon receipt by MNA of written notification of cancellation twenty (20) days prior to deduction date as designated below.  
*(Enclose a check for the first monthly payment or a voided check.)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- Credit Card Charge** – I authorize MNA to charge the specified amount to my credit card:

- annually     monthly on or after the 15th  
 Charge my     Visa     Mastercard     AMEX     Discover

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- Check** – I have enclosed a check made payable to Michigan Nurses Association for my annual dues.

## QUESTIONS?

Contact Member Services, 888/MI-NURSE or 517/349-5640

Fax 517/349-5818 • [www.minurses.org](http://www.minurses.org)

## RETURN COMPLETED FORM TO:

Michigan Nurses Association • 2310 Jolly Oak Road • Okemos, MI 48864