



# MICHIGAN NURSES ASSOCIATION Membership Application 2010

Please print/type clearly.

Last/First/Middle Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Home Address \_\_\_\_\_ License Permanent ID # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Employee # \_\_\_\_\_ Unit/Dept. \_\_\_\_\_  
 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	\$595.80*	\$49.65*
Other HC Professional	\$459.48*	\$38.29*

**\*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