

## MEMBERSHIP COMMITMENT AND MAINTENANCE OF PAYMENT

**Yes** - I wish to join the Michigan Nurses Association (MNA) and pledge my support to building a strong union. In turn, I authorize MNA to represent me in collective bargaining with my employer, to support my colleagues and me in advocating for our patients and our profession, and to raise conditions for nurses and patients to the highest standards. I hereby request and voluntarily accept membership in MNA and agree to abide by its Constitutional Bylaws. I understand that the annual dues required for MNA membership include both state and local dues, where applicable, and are subject to periodic change as provided in MNA's Constitutional Bylaws. I agree to pay on a continuing basis, and irrespective of my membership status, the amount of the duly authorized annual membership dues currently in effect, or as modified according to the Constitutional Bylaws. This agreement shall be in effect for a period of one year from the date signed below, and shall continue in effect from year to year thereafter unless cancelled by me by sending a signed, written notice to MNA not more than 30 days and not less than 15 days prior to the annual anniversary date on which I signed this document.

LAST/FIRST/MIDDLE NAME (PLEASE PRINT) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_ RN LICENSE # \_\_\_\_\_

EMPLOYER/FACILITY \_\_\_\_\_ TITLE:  Registered Nurse  Other \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

UNIT/SHIFT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

↘ **SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**Consent to text or call** – By providing my phone number, I understand that the Michigan Nurses Association may use automated calling techniques or text message me on my cell phone on a periodic basis. MNA will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

## PAYMENT OPTIONS

**Dues for all members are currently \$58.85 per month (\$706.20 a year\*) plus local bargaining unit (LBU) dues.\*\***

\* This rate does not include local bargaining unit dues. Rate subject to annual changes in the Constitutional Bylaws and annual inflationary adjustment.

\*\*This rate may be adjusted to include LBU dues established by each LBU. Sign in to MemberLink at [minurses.org](http://minurses.org) to view your LBU dues.

Please check and sign **ONE** of the following payment options.

**Payroll Deduction** – I assign to the Michigan Nurses Association (MNA) and authorize my employer, if payroll deduction is available for this purpose, to deduct from my pay each month while I am employed in the bargaining unit represented by MNA, the designated amount of the regular monthly membership dues and to promptly remit those sums to MNA. This payroll deduction authorization and assignment shall be effective when signed and shall be irrevocable for a period of one year from that date, or until the termination of the applicable collective bargaining agreement between my employer and MNA, whichever occurs sooner. This payroll deduction authorization and assignment shall continue in effect irrespective of my membership status in the MNA, and shall automatically renew for periods of one year from the date signed below. I may revoke this payroll deduction authorization and assignment by sending written notice by mail to MNA not more than 30 days and not less than 15 days prior to the annual anniversary date on which I signed this document, or not more than 30 days and not less than 15 days prior to the expiration of the applicable collective bargaining agreement between MNA and my employer, whichever occurs sooner.

**SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**Electronic Funds Transfer** – I authorize MNA to withdraw the specified amount from my checking/savings account on or after the 15th of each month. I may cancel this authorization if I notify MNA in writing within 20 days prior to deduction date as designated above. (Enclose a check for the first monthly payment or a voided check.)

**SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**Credit/Debit Card Charge** – I authorize MNA to charge:  \$706.20\* (plus local dues) Annually **OR**  \$58.86\* (plus local dues) Monthly on or after the 15th

**To My:**  Credit Card  Debit Card **AND** **Type:**  Visa  Mastercard  AMEX  Discover

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**QUESTIONS?** Contact your local leadership or MNA Member Services • 888-MI-NURSE or 517-349-5640 • [www.minurses.org](http://www.minurses.org)

**RETURN FORM TO:** Your local leadership or Michigan Nurses Association

2310 Jolly Oak Road • Okemos, MI 48864 • Fax 517-349-5818