

**2024 MEMBERSHIP APPLICATION AND DUES/FEES AUTHORIZATION FORM**  
**LOCAL BARGAINING UNIT: TRAVERSE CITY MUNSON NURSES ASSOCIATION**

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: \_\_\_\_\_

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

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.

**Voluntary Membership Application**

**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 submit my application for membership in MNA and agree to abide by its Constitutional Bylaws if accepted. I understand that the monthly 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 understand that I am not required to apply for membership or be a member as a condition of employment. If I choose not to apply for membership, I understand that I have the right to object to paying for union activities not germane to the union's duties as my bargaining agent by advising MNA of this choice in writing via U.S. Mail, sent to MNA's business address. MNA will then advise me of the amounts I will be required to pay, how the amounts are calculated, and the procedures for challenging its computations.

No – I do not wish to be a member of the Michigan Nurses Association and I elect to pay the annually determined agency fee. I understand I will not have the rights and privileges afforded by MNA membership including the right to vote in contract ratifications and officer elections.

**Payment Options for Dues or Agency Fees**

Dues for all employees who elect to be members are currently \$65.81 per month plus local bargaining unit (LBU) dues which are established and maintained by your LBU. Agency fees are a reduced rate based on chargeable expenses. Rates subject to annual changes as specified in the Constitutional Bylaws. The payment options below are optional and available for convenience to ensure timely payment. **Only check 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 or agency fees 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.

**Electronic Funds Transfer** – I authorize MNA to withdraw the specified amount of my applicable dues or agency fees 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.)

**Credit/Debit Card Charge** – I authorize MNA to charge monthly the applicable dues or agency fees on or after the 15th of each month to my:

Card Number \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

I may cancel this authorization if I notify MNA in writing within 20 days prior to deduction date as designated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By my signature above I confirm that I have read, understand, and agree to the terms of this form and hereby affirm my agreement with the membership and payment options I have indicated above.

# MNA PAC CONTRIBUTION AUTHORIZATION FORM

This authorization for the Michigan Nurses Association PAC ("MNA PAC"), a political action committee, is voluntary, not related to membership dues, and not a requirement or condition of employment or of membership in the Association, and you have a right to refuse to sign this authorization without reprisal. Contributions are not tax-deductible and only U.S. citizens or lawful permanent residents may contribute. State law requires us to use our best efforts to collect the name, mailing address, occupation, and name of employer of individuals whose contributions aggregate in excess of \$100 in a calendar year.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_



**"I'm a PAC donor because I want our elected leaders to listen when we talk about our patients and our profession. We can't let hospital CEOs have the last word on the issues we care about. I feel good knowing my donation is helping people who are advocating for us."**

**- Alicia Flores, RN**

**Yes, I will become a PAC donor and I authorize the MNA PAC to deduct the following amount:**

**Sustaining Donation:**  \$10 per month  \$15 per month  \$20 per month  \$50 per month  Other:

Check here if you are making a **one-time contribution** of \$ \_\_\_\_\_ (suggested minimum \$50).

To donate, make a check out to the MNA PAC or fill out the credit/debit card information below.

## Payment Information:

Pay by credit/debit card

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Pay by checking account

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Or donate online at  
[www.minursespac.org/give](http://www.minursespac.org/give)

By my signature below I confirm that I have read, understand, and agree to the terms of this MNA PAC authorization and that I authorize a contribution to the MNA PAC in the amount and frequency indicated above. I understand that the deduction I am authorizing will be used for political contributions or expenditures in connection with federal, state and local elections, and that the MNA PAC is not controlled by any candidate or political party. This voluntary authorization will remain in effect until revoked by me, at any time, by notifying MNA PAC in writing at 2310 Jolly Oak Rd. Okemos, MI 48864.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you want to increase your current PAC donation, please call: **888.MINURSE**