

# 2010 Dues Information & Membership Application Form



Welcome to the Washington State Nurses Association. In this document, you will find a membership application and information important to your membership. Please read the information carefully. Then complete the application, attach your payment, and mail to WSNA.

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» *Keep this page in your personal files for future reference.* «

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Mailing Address: Washington State Nurses Association  
575 Andover Park West, Suite #101  
Seattle, WA 98188

Phone: (206) 575-7979

FAX: (206) 575-1908

Membership FAX: (206) 838-3099

Membership e-mail: [membership@wsna.org](mailto:membership@wsna.org)

Website: [www.wsna.org](http://www.wsna.org)

ANA Website: [www.nursingworld.org](http://www.nursingworld.org)

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**NOTE:** If any of the following changes occur, notify the WSNA Membership Department **in writing** so that we can assure that you receive your full membership benefits in a timely and efficient manner:

1. **Name, Address, Phone Number** and/or **E-Mail Address**
2. **Payment Method** (we need at least 30 days prior notice to make this change)
3. **Change of Employer**
4. **FTE Status** (any changes in the # of hours you work monthly or in your position)
5. **If you are laid off**
6. **If you take a Leave of Absence (LOA):**

**Leave of Absence With Pay:** A nurse on a Leave of Absence with Pay shall be considered employed for the duration of the Leave of Absence and thus shall continue to pay his/her membership dues during the Leave of Absence.

**Leave of Absence Without Pay:** A nurse on a Leave of Absence without Pay, who has accepted no other employment, shall be considered unemployed for the duration of the Leave of Absence and thus is eligible for dues in the Reduced Membership Category during the Leave of Absence period only. Moreover, she/he may accrue these dues during the Leave of Absence and have a grace period for payment of the accrued dues of up to 90 days after returning to work.

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## WSNA Dues

The amount of dues you pay includes the ANA, WSNA and the District Nurses Association dues portions. This combined amount is based on the following information 1) the District in which you are employed, 2) the total hours you are scheduled to work per month (FTE), and 3) whether or not you are covered by a WSNA collective bargaining contract. Eight percent (8%) of the WSNA portion of the dues of WSNA collective bargaining members are returned to the WSNA Cabinet on Economic and General Welfare (4%) and to the member's Local Unit (4%) for their use.

## WSNA Districts

The District's portion of your dues are determined by the county's geographic boundaries where you work. If your county is not listed, you are included in District 98.

<b>01</b> Whatcom	<b>05</b> Walla Walla / Columbia	<b>10</b> Wahkiakum / Cowlitz	<b>15</b> Benton / Franklin
<b>02</b> King	<b>06</b> Yakima City / N. Yakima	<b>11</b> Clark / Skamania	<b>16</b> Skagit / Island / San Juan
<b>03</b> Pierce	<b>07</b> Chelan / Douglas / Grant	<b>12</b> Clallam / Jefferson	<b>17</b> Kitsap
<b>04</b> Spokane / Adams / Lincoln / Pend Oreille	<b>08</b> Grays Harbor	<b>13</b> Thurston	<b>18</b> Kittitas
	<b>09</b> Snohomish	<b>14</b> Whitman	<b>98</b> All Others

## WSNA Categories

- I** Employed an average 80 hours or more a month and working in a bargaining unit facility.
- II** Employed an average 40 hours or more & Less than 80 hours a month and working in a bargaining unit facility.
- III** Employed an average 80 hours or more a month and NOT covered by WSNA collective bargaining.
- IV** Employed an average of less than 40 hours a month and working in a bargaining unit facility OR  
Generic Graduates within 6 months of graduation (for the 1st year of membership ONLY) OR  
Employed less than 80 hours per month and NOT covered by WSNA collective bargaining OR  
Unemployed.
- V** 62 years of age and not employed or totally disabled.

## Dues Rate Schedule Effective Jan 1, 2010 - Dec 31, 2010 (Subject to change with proper notice)

### Members Covered by a Bargaining Unit

DISTRICTS	CATEGORY I			CATEGORY II			CATEGORY IV		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	802.80	268.93	66.90	609.60	204.53	50.80	416.40	140.13	34.70
2	856.10	286.70	71.34	649.58	217.86	54.14	443.05	149.01	36.92
3	811.30	271.76	67.62	615.98	206.66	51.34	420.65	141.55	35.06
4	818.80	274.26	68.24	621.60	208.53	51.80	424.40	142.80	35.38
5,15	797.80	267.26	66.48	605.85	203.28	50.50	413.90	139.30	34.50
7	803.30	269.10	66.94	609.98	204.66	50.84	416.65	140.21	34.72
12	810.30	271.43	67.54	615.23	206.41	51.28	420.15	141.38	35.02
10,13	800.30	268.10	66.70	607.73	203.91	50.64	415.15	139.71	34.60
11	812.80	272.26	67.74	617.10	207.03	51.44	421.40	141.80	35.12
9,14,98	792.80	265.60	66.08	602.10	202.03	50.18	411.40	138.46	34.28
16	807.80	270.60	67.32	613.35	205.78	51.12	418.90	140.96	34.92

### Members Not Covered by a Bargaining Unit

DISTRICTS	CATEGORY III			CATEGORY IV			CATEGORY V		
	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly	Annual	*Installment	**Monthly
1,6,8,17,18	565.30	189.76	47.12	416.40	140.13	34.70	193.20	65.73	16.10
2	618.60	207.53	51.56	443.05	149.01	36.92	206.53	70.17	17.22
3	573.80	192.60	47.82	420.65	141.55	35.06	195.33	66.44	16.28
4	581.30	195.10	48.44	424.40	142.80	35.38	197.20	67.06	16.44
5,15	560.30	188.10	47.70	413.90	139.30	34.50	191.95	65.31	16.00
7	565.80	189.93	47.16	416.65	140.21	34.72	193.33	65.77	16.12
12	572.80	192.26	47.74	420.15	141.38	35.02	195.08	66.36	16.26
10,13	562.80	188.93	46.90	415.15	139.71	34.60	192.58	65.52	16.06
11	575.30	193.10	47.94	421.40	141.80	35.12	195.70	66.56	16.32
9,14,98	555.30	186.43	46.28	411.40	138.46	34.28	190.70	64.90	15.90
16	570.30	191.43	47.52	418.90	140.96	34.92	194.45	66.15	16.20

\* Installment payments include a handling fee of \$3.99 per year.

\*\* Only payroll deduct or EFT payers may use the monthly payments schedule.

**TAX INFORMATION:** Dues payable to WSNA are not deductible as a charitable contribution for federal income tax purposes. However, these may be deductible under other provisions of the Internal Revenue Code. Please consult your tax advisor for more information.

**AGENCY FEE PAYER:** For those nurses who are required to become members under the terms of your collective bargaining agreement, you can satisfy your obligation to join WSNA by paying a monthly fee for WSNA's representation of you in collective bargaining. These monthly fees are equal to WSNA dues, and employees who choose to pay monthly fees without joining WSNA are referred to as "Agency Fee Payers." If you choose to become an agency fee payer rather than a member of WSNA, you will be waiving all of the rights and privileges of membership. For example, you will not be allowed to vote on contract modifications or on new contracts, hold WSNA office, participate in WSNA elections or receive The Washington Nurse and ANA publications. Select this option only if you prefer to be an agency fee payer. As an agency fee payer, we will automatically reduce from your fee the amount attributable to WSNA's activities which are not related to its duties as your collective bargaining agent. In WSNA's most recent accounting year, 4.3% of our total funds were spent on activities unrelated to collective bargaining representation.

# 2010 Membership Application



- Return by mail to 575 Andover Park West, Suite 101, Seattle, WA 98188 or by FAX to 206-838-3099
- For questions, call 206-575-7979 or send email to membership@wsna.org

**» Please print clearly.**

*An incomplete application may delay your membership. Please review this form and make sure you have filled in all of the information.*

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials (check one):  RN  LPN  Other (specify): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Primary Employer: \_\_\_\_\_ FTE (hours worked per month): \_\_\_\_\_

Date of Hire as RN: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

Secondary Employer: \_\_\_\_\_ FTE (hours worked per month): \_\_\_\_\_

Date of Hire as RN: \_\_\_\_\_ Unit: \_\_\_\_\_ Shift: \_\_\_\_\_

- I am covered by a WSNA Contract (dues category will be I, II, IV)
- I am NOT covered by a WSNA Contract (dues category will be III, IV, V)
- I am a new generic RN graduate: \_\_\_\_\_ Mo/Yr of Graduation (dues category IV)
- I am employed in District #: \_\_\_\_\_ (See chart on next page for District #)

*As a member of WSNA I will: uphold the bylaws of the WSNA and American Nurses Association (ANA); abide by the ANA Code for Nurses; fulfill the requirements of an office if elected or appointed; promote fulfillment of the functions of the WSNA; and pay dues as required by WSNA.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dues Payment Options** *Please select one. See chart on next page for correct amounts.*

- Full Annual Payment** — *Please indicate payment choice; billed once per year*
  - Check Included
  - Visa or MC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Installment** — *3 times per year for 1/3 of annual dues — includes a \$3.99 annual service fee*
  - Check for first installment included — *Will be billed for future installments*
  - Visa or MC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*(Will be automatically charged 3 times a year).*

**Electronic Funds Transfer (EFT)** — *monthly automatic deductions from member's Checking Account*  
**A blank voided check MUST be included.** *This authorizes: (1) monthly withdrawals of 1/12 of my annual dues from my checking account (between the 13-15th of the month), and (2) I understand that any changes to the amount or cancellation of this authorization require written notification 20 days prior to the deduction date.*

**Payroll Deduction** — *I hereby authorize my employer to deduct my Washington State Nurses Association (WSNA) dues from my salary beginning with the next pay period. This money is in payment for dues to my professional association and is to be remitted to the Washington State Nurses Association monthly. A copy of this authorization will be retained by the primary employer and will remain in force until withdrawn by me in writing with 30 days prior notice to WSNA.*

*I hereby authorize the selected payment method as indicated above.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
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| <b>05</b> Walla Walla / Columbia                   | <b>11</b> Clark/Skamania           | <b>18</b> Kittitas                   |
| <b>06</b> Yakima City / North Yakima               | <b>12</b> Clallam/Jefferson        | <b>98</b> All others not listed      |
|  | <b>13</b> Thurston                 |                                      |

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