



AUTOMATIC PAYMENT AUTHORIZATION

Transactions occur monthly on or about the 15th.

NOTE: Form to be used for those on payroll who wish to change to direct pay to the MNA

LABOR PROGRAM MEMBERSHIP DUES/FEES

The monthly amount of dues for MNA shall be two times the individual member's base hourly rate of pay (excluding any differential or bonus), with a minimum monthly rate determined by the average of all step one hourly rates times two of all MNA collective bargaining wage scales in effect as of January 1 of the applicable year and not greater than the maximum rate determined by the average of all step seven hourly rates times two of all MNA collective bargaining wage scales in effect as of January 1 of the applicable year. Such minimum and maximum rates shall not be less than the prior year and shall take effect as of July 1 of the applicable year.

Member local unit dues may apply and are not included in the schedules listed below (please see attached for local unit rates). If you are interested in payroll deduction or have any questions regarding membership, please call the MNA Division of Membership at 781-821-4625.

CATEGORY	ELIGIBILITY (PLEASE CHECK ONE)	DUES STRUCTURE
Full Membership	<input type="radio"/> (Employed Full Time, Part-time or Per Diem) <input type="radio"/> Registered Nurse	monthly dues equals 2X base hourly rate w/ established min. & max. **
* Reduced Membership	<input type="radio"/> Full Time Student (Min 12 Credits) Documentation required <input type="radio"/> New Grad from basic nursing or health care professional program (Within 6 months of graduation) <input type="radio"/> Age 62 or over and not earning more then Social Security system allows.	monthly dues equals 50% of 2X base hourly rate w/ established min. & max. **
Agency Service Fee	<input type="radio"/> Non-member category; contract compliance only.	monthly dues equals 95% of 2X base hourly rate w/ established min. & max. **
Health Care Professionals	<input type="radio"/> Non-RN	annual dues equals \$595.50 for July 2010 through June 2011
* Special Membership	<input type="radio"/> Age 62 or over and not employed. <input type="radio"/> Totally disabled. Documentation required	annual dues equals \$226.50 for July 2010 through June 2011

* Available subject to verification

** 7/2010 - 6/2011 minimum = \$65, maximum = \$78

VOLUNTARY DONATION

I elect to contribute toward the nursing scholarship/research program or toward legislative efforts:

- The Massachusetts Nurses Foundation, Inc.** is a non-profit organization established in 1981, whose mission is to support nurses through scholarships and research awards.
I would like to contribute: \$_____ monthly or a one time donation of \$_____ (Please make check payable to **MNF**).
- Massachusetts Nurses PAC** is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses and health care professionals, and to raise funds/make contributions to political candidates who support nursing and health care related issues.
I would like to contribute: \$_____ monthly or a one time donation of \$_____ (Please make check payable to **Massachusetts Nurses PAC**).

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Return completed form to MNA Division of Membership, 340 Turnpike Street, Canton, MA 02021.

PAYMENT OPTIONS

Please choose one of two (2) Union Direct options or mail annual payment:

Monthly Credit Card Debit Option

I hereby authorize and request the Massachusetts Nurses Association (MNA) to effect payment for any amounts owing by me to the MNA as such amounts become due monthly, by initiating debit entries to my account indicated below. I authorize and request the credit card company named below to accept any debit entries initiated by MNA to such account and to debit the same to such account without responsibility for the correctness thereof.

Please charge my: Mastercard Visa American Express Discover

Credit Card # _____ Expiration Date: _____

It is understood that I may terminate this agreement at any time by written notification to MNA. Any such notification to MNA shall be effective only with respect to entries initiated by MNA after receipt of such notification and a reasonable opportunity to act on it.

Monthly Electronic Funds Transfer Option

I hereby authorize and request the Massachusetts Nurses Association (MNA) to effect payment for any amounts owing by me to the MNA as such amounts become due, by initiating debit entries to my account indicated below by the financial institution named below, hereinafter called "Bank", and I authorize and request Bank to accept any debit entries initiated by MNA to such account and to debit the same to such account without responsibility for the correctness thereof:

Bank Name: _____

*PLEASE NOTE: You must enclose a blank voided check drawn on your bank account as listed above.

It is understood that I may terminate this agreement at any time by written notification to MNA. Any such notification to MNA shall be effective only with respect to entries initiated by MNA after receipt of such notification and a reasonable opportunity to act on it.

Annual Direct Payment

I elect to pay the full annual payment or the annual payment in three installments.

I elect to pay the full annual payment in the amount of \$ _____

I elect to pay in three installment payments. Enclosed is my first installment of \$ _____

Enclosed is my check made payable to the MNA.

Please charge my dues to VISA/Mastercard #: _____ Expiration: _____

The MNA will instruct your employer to stop payroll deduction effective the last day of the month. Form must be received prior to the 15th of the month to be effective for that month.

UNION DIRECT POLICIES

- Returns from banks or credit card companies for insufficient funds, refusal of payments, closed or changed accounts etc., will result in an administrative fee billed to the member directly.
- It is the responsibility of each individual to notify MNA of changes in status, employment status, leave status, name, address, etc. within 30 days of the change, to assure proper credit and continuation of services. No refunds will be issued if the member fails to fulfill this requirement. Any changes which may result in refunds will be processed accordingly at the time of notification and will be retroactive, when appropriate, for a 30-day period only.**
- MNA dues and assessments are not deductible as charitable contributions for federal income tax purposes. It may, however, be possible to deduct a portion of dues payments as a business expense.

Please initial here: _____

AUTHORIZATION

Name: _____ SS# or MNA ID#: _____

Employer: _____

Signature: _____ Date: _____