

DO NOT USE FOR NEW APPLICANTS

REVISED: July 1, 2006

MNA Labor Program Members

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

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:

Mastercard VISA 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. Annual membership dues and installment rates are listed on the 2nd page of this form.

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

- Effective December 31, 2001—all members choosing to remain on payroll deduction will be required to pay a \$52/year administrative fee in addition to current dues.
- Members not having access to Electronic Funds Transfer at their banks, or members without credit cards, who retain payroll deduction need to call the MNA for information on policies and procedures. Written notification to MNA is required with documentation from bank or credit reporting agency that EFT/credit card is not available.
- **Returns from banks or credit card companies for insufficient funds, refusal of payments, closed or changed accounts etc., will result in an administrative fee of \$25/event. These fees will be billed to the member directly.**
- All changes (employment status, leave status, name, address, etc.) must be made to the MNA within 30 days of the change. Do not assume that your employer will communicate this information. Any changes which may result in refunds will be processed accordingly at the time of notification and will be retroactive for a 30-day period. **I have read and agree to the Union Direct Policies stated above:**

Member Name: _____ SS# or MNA ID# _____
(please print)

Employer: _____

Signed: _____ Date: _____

Membership Categories

Full Membership (*Employed Full Time, Part-time or Per Diem*)

- Registered Nurse
- Health Care Professional

Reduced Membership

(*Available subject to verification*)

- Full Time Student* (Min 12 Credits)
- New Grad from basic nursing or health care professional program (Within 6 months of graduation)
- Age 62 or over and not earning more than Social Security system allows.

*Documentation required

Special Membership

(*Available subject to verification*)

- Age 62 or Over & Not Employed
- Totally Disabled*

*Documentation required

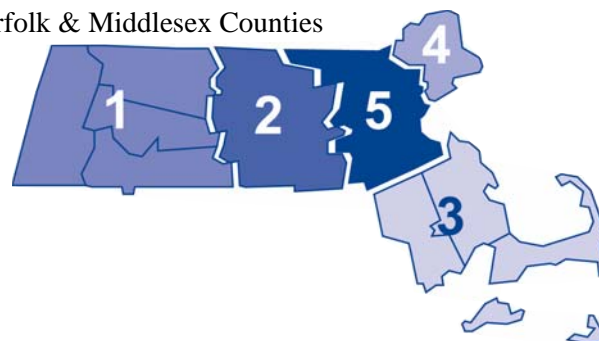
Agency Service Fee

- Non-Member Fee for Service

MNA Regional Councils

Members are assigned (join) the Regional Council in which the member resides within the State, or, in the case of an out-of-state resident, to a Regional Council in which the member works.

- Region 1**
Berkshire, Franklin, Hampden & Hampshire Counties
- Region 2**
Worcester County
- Region 3**
Bristol, Plymouth, Barnstable, Dukes & Nantucket Counties
- Region 4**
Essex County
- Region 5**
Suffolk, Norfolk & Middlesex Counties



Labor Program Membership Dues/Fees

Dues include participation in MNA Regional Councils. **Local unit dues may apply and are not included in the schedules listed below (please call for local unit rates).**

Full Membership (<i>Employed Full Time, Part-time or Per Diem</i>)			Reduced Membership (<i>Available subject to verification</i>)			Special Membership (<i>Available subject to verification</i>)		
<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Health Care Professional			<input type="checkbox"/> Full Time Student* (Min 12 Credits) <input type="checkbox"/> New Grad from basic nursing or health care professional program (Within 6 months of graduation) <input type="checkbox"/> Age 62 or over and not earning more than Social Security system allows. *Documentation required			<input type="checkbox"/> Age 62 or Over & Not Employed <input type="checkbox"/> Totally Disabled* *Documentation Required		
Annual Payment	3 Installment Payment Plan	Monthly EFT or CC	Annual Payment	3 Installment Payment Plan	Monthly EFT or CC	Annual Payment	3 Installment Payment Plan	Monthly EFT or CC
\$780.00	\$260.00	\$65.00	\$411.00	\$137.00	\$34.25	\$226.50	\$75.50	\$18.88

<input type="checkbox"/> Agency Service Fee (1) (Non-member fee for service)	
Annual	\$701.10
3 Installments	\$233.70
Monthly CC/EFT	\$58.43

Return Applications to:

MNA Member Services
340 Turnpike Street
Canton, MA 02021

(1) Subject to Change

Voluntary Donation for Massachusetts Nurses PAC:

- I elect to have my \$10 savings or a portion of my savings go toward MNA's legislative efforts. Please give \$_____ monthly or a onetime donation of \$_____ make checks payable to Massachusetts Nurses PAC. (*Massachusetts Nurses PAC is the voluntary, non-profit political action committee of the MNA whose mission is to further the political education of all nurses and health care, and to raise funds/make contributions to political candidates who support nursing and health care related issues.*)