

# Full member (75 percent) reduced dues

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30. ■



## Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Telephone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

This is to certify that I \_\_\_\_\_, RN

was paid for a total of \_\_\_\_\_ hours in the year January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_ \*

at the following MNA facility(s) of employment for the year of application:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List each MNA facility separately

*I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* MNA reserves the right to verify this information to determine eligibility

