



## ASSOCIATE MEMBERSHIP BENEFITS



### Who is eligible to be an associate member?

- Any Registered Nurse who is not covered by an MNA collective bargaining agreement.

### What benefits am I entitled to as an associate member?

- You will receive an MNA membership card.
- You will receive the *Massachusetts Nurse Advocate*.
- You can be appointed to any congress, committee, task force or Center for Ethics and Human Rights as a non-voting member.
- You can take advantage of the MNA's free CE programs.
- You will have access to all of the discounts available to full members.

### What benefits/rights are NOT available to me as an associate member?

- You cannot run for an MNA office, serve as an officer, or vote on any MNA issues.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ RN or Professional License Number\* \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

\*This is for internal use only. You will be assigned a random membership ID number.

Office use only:  
MNA I.D. \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: (RN) \_\_\_\_\_

Hours Scheduled/Week: \_\_\_\_\_ Work Status (please check one) Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_ Retired \_\_\_\_\_

## EDUCATION INFORMATION

Degree (BS, AD, etc.): \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_

Advanced Degree (MA, Ph.D, etc.): \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_ Subject: \_\_\_\_\_

Additional Degree: \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_ Subject: \_\_\_\_\_

Special Certification(s): \_\_\_\_\_

## ASSOCIATE MEMBERSHIP DUES

**Annual Payment \$240.00**

**3 Installment Payment Plan \$80.00**

**Monthly EFT or CC \$20.00**

## Voluntary Donation

I elect to contribute toward 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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## ASSOCIATE MEMBERSHIP 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.

## PAYMENT OPTIONS

Paying your membership fees should be easy. That's why MNA has several payment plans available. Simply choose one of the payment methods listed below—the option is yours!

### Annual Payment (Billed Annually)

- Personal Check** (Please enclose a check made payable to the Massachusetts Nurses Association)
- Credit Card** (Please complete information below)

### Installment Plan (3 Payments Billed Annually)

- Personal Check** (Please enclose a check made payable to the Massachusetts Nurses Association)
- Credit Card** (Please complete information below)

### Monthly Payment (Withdrawn monthly on the 15th)

- Electronic Funds Transfer** (Please complete information below and enclose return documents requested)
- Credit Card** (Please complete information below)

## UNION DIRECT POLICIES

- Authorized monthly deductions are conducted on the 15<sup>th</sup> of each month or the closest business day.
- 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.
- **Automatic deductions continue unless/until the individual expressly communicates directly to MNA (Canton office) and wish to discontinue automatic payment (Canton office 781-821-4625, or membership@massnurses.org).**
- **It is the responsibility of each individual to notify MNA (Canton office)** of changes in status, employment status, including resignations & terminations, 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 (currently 95% of full member dues are tax deductible).

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 checking/savings account or credit card indicated below.

### Electronic Funds Transfer option

- Checking    Savings

Name on account: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank routing #: \_\_\_\_\_

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

Bank City/State: \_\_\_\_\_

### Credit Card option

- Visa                       MasterCard

- Amex                       Discover

Cardholder name: \_\_\_\_\_

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

Exp. date: \_\_\_\_\_

**Sign and return completed form to MNA Division of Membership, 340 Turnpike Street, Canton, MA 02021.**

*It is understood that I may terminate this agreement at any time by notification to MNA (Canton office). 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. I have read and agree to the policies, terms and conditions contained in this document.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Office Use Only (Finance):

Check#: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Membership: Dues: \_\_\_\_\_ Fees: \_\_\_\_\_ Initial: \_\_\_\_\_

Credit: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

