ASSOCIATE MEMBERSHIP APPLICATION

Massachusetts Nurses Association

ESTABLISHED 1903

340 TURNPIKE STREET • CANTON, MA 02021 • WWW.MASSNURSES.ORG

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Safe Limits Save Lives

MNA℠ Massachusetts Nurses Association

ASSOCIATE MEMBERSHIP BENEFITS

Who is eligible to be an associate member?

- Any registered nurse who is not covered by an MNA collective bargaining agreement. You are not eligible if employed in a unit covered by an MNA negotiated contract.

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: _____

DOB: _____ Gender ID: _____ 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

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

Annual Payment (Billed Annually)

☐ **Personal Check** (Please enclose a check made payable to the Massachusetts Nurses Association)

☐ **Credit Card/EFT** (Please complete information below)

Union Direct Policies

- Authorized monthly deductions are conducted on the 15th 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, unless/until I communicate directly to MNA (Canton office) to discontinue.

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 this agreement will remain in place unless/until I expressly communicate to MNA (Canton office) that I wish to discontinue automatic payment. *It is further 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 acknowledged receipt of such notification and a reasonable opportunity to act on it. I have read and agree to the policies and 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: _____