



Safe Limits  
Save Lives



Massachusetts  
Nurses  
Association

PERSONAL INFORMATION

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

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

Personal Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address (non-work): \_\_\_\_\_

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: \_\_\_\_\_ Department: (ICU, MedSurg, etc.) \_\_\_\_\_

Job Title: (RN) \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

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): \_\_\_\_\_

MEMBERSHIP FEES

Full Membership (Employed Full Time, Part-time or Per Diem) <input type="radio"/> Registered Nurse			Reduced Membership (Available subject to verification) <input type="radio"/> *Full time sStudent (min 12 credits) <input type="radio"/> *Undergard student (min 9 credits) <input type="radio"/> New Grad from basic nursing or health care professional program (within 6 months of graduation) <input type="radio"/> Unemployed - not of retirement age *Documentation required			Special Membership (Available subject to verification) <input type="radio"/> Age 62 or over and not employed. <input type="radio"/> *Totally disabled, not working.  *Documentation required		
Annual Payment	Quarterly	Monthly EFT or CC	Annual Payment	Quarterly	Monthly EFT or CC	Annual Payment	Quarterly	Monthly EFT or CC
\$914.88	\$228.72	\$76.24	\$457.44	\$114.36	\$38.12	\$228.72	\$57.18	\$19.06

PAYMENT OPTIONS Paying your membership fees should be easy. That's why MNA has several payment plans available.

How often?

- ☐ Annually ☐ Quarterly ☐ Monthly

Which form?

- ☐ Direct Billing ☐ Credit Card (auto pay\*\*): ☐ EFT (auto pay\*\*):  
Complete information on back. Complete information on back.

\*\*Automatic payments are deducted the week of the 15th each month.

over →

## VOLUNTARY DONATION

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

- ☐ **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**).

## MEMBER 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, unless/until I communicate directly to MNA (Canton office) to discontinue.

### Electronic Funds Transfer option

☐ Checking ☐ Savings

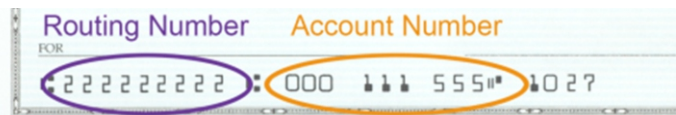
Name on account: \_\_\_\_\_

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

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

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

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



### Credit Card option

☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

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

Credit card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_

**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: \_\_\_\_\_

MNA