4000 East Main Street, Columbus, Ohio 43213-2983
614/237-5414 ● Fax 614/237-6074 ● 800/430-0056 ● www.ohnurses.org
An equal opportunity and affirmative action organization ● ONA dues are nonrefundable

OHIO NURSES ASSOCIATION

2016 APPLICATION FOR MEMBERSHIP

Member of the American Nurses Association

COLLECTIVE BARGAINING

Last Name _____ First Name _____ MI ____ Degrees _____ X X X – X X - _____ Last 4 of Social Security No.

Street Address _____ City, State and Zip _____ County _____

Home Phone (_____)_____ Cell Phone (_____)_____ Home Email _____

Work Phone (_____)_____ Work Fax (_____)_____ Work Email _____

Employer **AKRON GENERAL MEDICAL CENTER - AKRON, OHIO** AGMC Emp ID # _____ Barg. Unit Hire Date _____/_____/_____ US Citizen? (__)Yes (__)No

RN License Number _____ License State _____ Basic School of Nursing _____ Date of Birth _____ Grad. Mo/Yr (basic program) _____

SELECT MEMBERSHIP CATEGORY

Full Rate

(__) Employed full or part-time

50% Reduced Rate

(__) First year of membership for new graduates from basic nursing education program
(Second year of membership new grads pay the 75% rate)
(__) Full-time student (please provide documentation)
(__) 62 years of age or older who are not earning more than the social security system allows at age 62

Please make sure to sign a payroll deduction authorization form and return it to ONA with your application in order for your deductions to begin. Contact ONA at (800) 430-0056 if you choose to be a fair share/service fee payer.

Payroll Deduction Payment Plan
Rates include the National, State, District, AFT, NFN and PSNA Local Unit fees.

Akron General Medical Center	Full Rate	75% Rate	50% Rate
District Number	**Bi-Weekly Payroll Ded**	**Bi-Weekly Payroll Ded**	**Bi-Weekly Payroll Ded**
34	29.48	22.15	16.13

Mail to: ONA Dues Processing Department, P.O. Box 14845, Columbus, Ohio 43214-0845

One dollar ($1.00) per month of your dues goes to an account set up to support ONA's political efforts. You may choose at anytime to opt out of this dues designation. Opting out does not reduce the dues amount. If you are interested in opting out, please contact the Director of Health Policy at 614/237-5414.

ONA Dues are not deductible as a charitable contribution for federal income tax, but can be partially deductible as a business expense. A percent of the dues not deductible is calculated each year based on the amount spent lobbying. When preparing your taxes, contact ONA for the percentage that is deductible in the year you make this payment.

REVISED 11/19/2015

AKRON GENERAL MEDICAL CENTER

_____ _____

Name **Date**

_____

Employee ID Number

Akron General Medical Center

Gentlemen:

You are hereby authorized and directed to deduct per pay period from my earnings such sums as the Ohio Nurses Association may certify as due and owing from me as monthly membership dues and service fees, and to pay promptly such sum to the Association.

This authorization shall remain in effect until revoked by written notice given by me to the Hospital and to ONA at least ten (10) days before such revocation is to become effective.

_____

Signature