



## 2017 APPLICATION FOR MEMBERSHIP Member of the American Nurses Association COLLECTIVE BARGAINING

\_\_\_\_\_  
Last Name                      First Name                      MI                      Degrees                      XXX-XX-  
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

**NORTHSIDE MEDICAL CENTER-YOUNGSTOWN, OHIO**                      \_\_\_\_\_                      /                      /                      US Citizen? ( )Yes ( )No  
Employer                      Emp ID #                      Barg. Unit Hire Date

\_\_\_\_\_  
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

### SELECT PAYMENT PLAN (See chart on other side for annual and EDPP rates)

\$25.00 fee for returned checks

( ) **Annual Payment** – Enclose check payable to Ohio Nurses Association or charge to your credit card.

\_\_\_\_\_  
Visa / MasterCard / Discover                      /                      \_\_\_\_\_  
Exp Date                      Signature

( ) **Electronic Dues Payment Plan (EDPP)** – Monthly payments will be deducted via ACH from your checking or savings account. Sign authorization below and fill in your routing and account number.

AUTHORIZATION to provide monthly electronic payments to Ohio Nurses Association (ONA): This is to authorize ONA to withdraw monthly dues payments via ACH on or after the 15<sup>th</sup> day of each month from my checking or savings account. I understand this amount includes a monthly service fee of 33 cents. ONA is authorized to change the amount by giving the undersigned thirty (30) days notice. The undersigned may cancel this authorization upon receipt by ONA of written notification of termination twenty (20) days prior to the deduction date as designated above. ONA will charge a \$15.00 fee for any returned drafts.

Signature for EDPP Authorization \_\_\_\_\_ Rtg# \_\_\_\_\_ Acct# \_\_\_\_\_

( ) **Payroll Deduction** – If you choose this option, please return the signed payroll deduction authorization form along with your completed application to ONA. You may obtain the payroll deduction authorization form on our website at [www.ohnurses.org](http://www.ohnurses.org) or by contacting the ONA membership department. Please 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 YGDNA local unit fees.

Northside Medical Center	Full Rate	75% Rate	50% Rate
District Number	Monthly Payroll Ded	Monthly Payroll Ded	Monthly Payroll Ded
03	\$78.74	\$59.14	\$43.37

## Ohio Nurses Association Membership Assessments and Dues Rates

REVISED 11/29/2016

Check below to determine your district. ONA Bylaws state that you must live or work in your district. Indicate choice if you live in one district and work in another.

### District Name and Counties

- 03 District Three:** Columbiana, Mahoning, Trumbull
- 10 District Ten:** Butler, Champaign, Clark, Darke, Greene, Mercer, Miami, Montgomery, Preble, Shelby
- 17 East Central:** Harrison, Jefferson, Tuscarawas
- 07 Erie-Huron:** Erie, Huron
- 16 Greater Cleveland:** Cuyahoga, Geauga
- 18 Knox-Licking:** Knox, Licking
- 19 Lake County:** Lake
- 12 Mid-Ohio:** Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union
- 05 Mohican:** Ashland, Crawford, Marion, Morrow, Richland
- 28 Muskingum Valley:** Coshocton, Guernsey, Morgan, Muskingum, Noble, Perry

- 35 Northwest Ohio:** Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, Wood
- 15 Southern Ohio:** Adams, Athens, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton
- 08 Southwestern Ohio:** Brown, Clermont, Clinton, Hamilton, Warren
- 33 Stark Carroll:** Carroll, Stark
- 34 Summit and Portage:** Portage, Summit
- 13 West Central Ohio:** Allen, Auglaize, Hancock, Hardin, Paulding, Putnam, Van Wert, Wyandot
- 37 At Large District:** Ashtabula, Belmont, Eastern Valley, Holmes, Lorain, Medina, Monroe, Washington, Wayne and members who do not live or work in the state of Ohio

## NORTHSIDE MEDICAL CENTER - YOUNGSTOWN, OHIO - COLLECTIVE BARGAINING MEMBER RATES

### Annual and EDPP Payment Plans

Collective bargaining membership assessments and dues include the National, State, AFT, NFN and District fees.

Northside Medical Center District Number	Full Rate		75% Rate		50% Rate	
	Annual	EDPP	Annual	EDPP	Annual	EDPP
<b>03</b>	848.87	71.07	613.67	51.47	424.44	35.70
05	691.61	57.96	495.73	41.64	345.81	29.15
07, 15, 17, 19	681.61	57.13	488.23	41.02	340.81	28.73
08	702.26	58.85	503.72	42.31	351.14	29.59
10	724.11	60.67	520.11	43.67	362.06	30.50
12	721.61	60.46	518.23	43.52	360.81	30.40
13	684.61	57.38	490.48	41.20	342.31	28.86
16	795.61	66.63	573.73	48.14	397.81	33.48
18	686.61	57.55	491.98	41.33	343.31	28.94
28	677.61	56.80	485.23	40.77	338.31	28.56
33	726.11	60.84	521.61	43.80	363.06	30.59
34	729.61	61.13	524.23	44.02	364.81	30.73
35	716.61	60.05	514.48	43.20	358.31	30.19
37	683.61	57.30	489.73	41.14	341.81	28.81

**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.

Dues Deduction Authorization

Northside Medical Center

Name: \_\_\_\_\_ Date: \_\_\_\_\_ ID Badge # \_\_\_\_\_

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

FULL RATE: \_\_\_\_\_ / \_\_\_\_\_  
(\$78.74) Signature Date

REDUCED RATE 50% : \_\_\_\_\_ / \_\_\_\_\_  
(\$43.37) Signature Date

LOCAL UNIT DUES: \_\_\_\_\_ / \_\_\_\_\_  
(\$5.00) Signature Date

**PLEASE RETURN SIGNED FORM TO ONA, 4000 E MAIN ST., COLUMBUS, OHIO 43123 OR FAX TO 614-237-6074**

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