Montana Nurses Association ~ MEMBERSHIP APPLICATION

20 Old Montana State Highway • Clancy, MT 59634
•Phone 406-442-6710 • Fax (406) 442-1841 • www.mtnurses.org
Please mail or fax application to MNA Office

Date:

Last Name/First Name/M.I.

Mailing Address

City/State/Zip Code

( )
Cell Phone

Personal E-mail Address

Facility Name

Date of Hire

Employment Status (full-time/part-time/PDR)

Date of initial RN licensure

Credentials(RN/APRN)

RN License #

FOR MNA USE ONLY	
Process Date:	
District:	
Local Unit:	
Dues Amount:$	
Pymt Type:	
Check # if Applicable	
	Collective Bargaining Member
	Non-Collective Bargaining Member

MEMBERSHIP CATEGORIES
Choose ONE Below

COLLECTIVE BARGAINING MEMBERS ONLY

If you choose to join and are a staff nurse employed at a facility that has a collective bargaining agreement with MNA you must select one of TWO options in this GREEN section:

☐ **Collective Bargaining/Union Member ~** $753.50 Annually

☐ **Professional Reduced Rate - Collective Bargaining/Union ~** $463.75 Annually
- ____ * New Grad - (1st year of membership only) Must apply within 6 months of obtaining initial RN licensure
- ____ * RN in full time study towards a degree (up to 3 years) additional documentation required
- ____ * RN 65+ years of age who is licensed

SIGNATURE REQUIRED BELOW

Revocation Window: This voluntary authorization and assignment shall be irrevocable regardless of whether I am or remain a member of the Union, for a period of one year from the date of authorization, or until the expiration date of the collective bargaining agreement between the Union and the Employer, whichever occurs sooner, and shall automatically renew from year to year unless I revoke this authorization by sending written notice by the United State Postal Service to the MNA postmarked between August 1 and August 31 or by sending written notice by the United States Postal Service to the MNA upon expiration of the collective bargaining agreement

Name (Printed):

➡ Signature:

NON-COLLECTIVE BARGAINING MEMBERS ONLY

☐ **Non-Collective Bargaining/Non-Union Member ~** $591.50 Annually

☐ **Professional Reduced Rate - Non-Collective Bargaining/Non-Union ~** $301.75 Annually
- ____ * New Grad - (1st year of membership only) Must apply within 6 months of obtaining initial RN licensure
- ____ * RN in full time study towards a degree (up to 3 years) additional documentation required
- ____ * RN 65+ years of age who is licensed

☐ **Retired Member ~** $156.88 Annually
Date of Retirement _____
(62+ years of age and has ceased employment as a registered nurse)

PAYMENT OPTIONS
Choose ONE Below

☐ **1. Payroll Deduction Authorization:**
NOT APPLICABLE FOR NON-FTE RN'S

Montana Nurses Association ~ AUTHORIZATION FOR PAYROLL DEDUCTION OF MEMBERSHIP DUES

- I, the undersigned, do hereby authorize _____ **Hospital/Clinic ~ Local Unit #** _____, to deduct sums equal to my membership dues, as certified by the Treasurer of the Montana Nurses Association Board of Directors, for the American Nurses Association and the Montana Nurses Association for the period of my employment and whether I am or remain a Union member.
Deductions shall be in twelve equal installments from my earned or accrued wages. Money deducted is to be forwarded to the Montana Nurses Association for distribution to the three levels of the Association.

➡ Signature: _____

☐ **2. ANNUAL PAYMENT IN FULL** (Enclose check payable to **MNA**)

☐ **3. CREDIT CARD PAYMENT** – Monthly or Annually
A $6 Annual ($0.50 monthly)Service Fee will apply to all Electronic Payments

☐ Monthly ☐ Annually

Card #:

Expiration Date:

Month Year

MasterCard VISA

➡ Signature: _____

Credit Card Payment Authorization Signature

By signing on the line above, I authorize CMA/ANA to charge the credit card listed in the credit card information for the monthly or annual dues plus any additional service fees on the 1st day of the month per month or when annual renewal is due.

☐ **4. E-PAY**
{**MONTHLY** ELECTRONIC CHECKING ACCOUNT FUNDS TRANSFER (EFT) }
A $6 Annual ($0.50 monthly)Service Fee will apply to all Electronic Payments

➡ Signature: _____

Monthly EFT Authorization Signature

By signing on the line above, I authorize my Constituent Member Association (CMA/ANA) to withdraw monthly electronic payments of 1/12 of my annual dues and any additional service fees from my account. Please enclose a **void check**. The account designated by the enclosed check will be drawn on or after the 15th of each month

*By signing the Electronic Deduction Authorization, or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days written notice. Above-signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for returned draft or chargeback. *State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by MNA is not deductible as a business expense. Please check with MNA for the correct amount.