



# 2015 APPLICATION FOR MEMBERSHIP

Member of the American Nurses Association

## COLLECTIVE BARGAINING

\_\_\_\_\_ X X X - X X - \_\_\_\_\_  
Last Name First Name MI Degrees Last 4 of Social Security No.

\_\_\_\_\_ City, State and Zip County  
Street Address

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone Home Email

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Work Phone Work Fax Work Email

**MERCY ALLEN HOSPITAL- OBERLIN, 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. (If you choose this payment option, you will receive an invoice when it is time to renew your membership. As a bargaining unit employee, it is your responsibility to renew your membership promptly upon receipt of this invoice. You will be responsible for any lapse in payment.)

\_\_\_\_\_ / \_\_\_\_\_  
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.

Rates include the National, State, District, AFT, NFN and Local Unit fees.

Mercy Allen Hospital	Full Rate
District Number	Monthly Payroll Ded
37	\$55.06

## Ohio Nurses Association Membership Assessments and Dues Rates

REVISED 3/19/2015

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

## MERCY ALLEN HOSPITAL - OBERLIN, OHIO - COLLECTIVE BARGAINING MEMBER RATES

### Annual and EDPP Payment Plans

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

Mercy Allen Hospital District Number	Full Rate		75% Rate		50% Rate	
	Annual	EDPP	Annual	EDPP	Annual	EDPP
03	787.39	65.95	582.63	48.88	399.70	33.64
05	632.75	53.06	466.65	39.22	322.38	27.19
07, 15, 17, 19	622.75	52.23	459.15	38.59	317.38	26.78
08	643.40	53.95	474.64	39.88	327.70	27.64
10	665.25	55.77	491.03	41.25	338.63	28.55
12	662.75	55.56	489.15	41.09	337.38	28.44
13	625.75	52.48	461.40	38.78	318.88	26.90
16	736.75	61.73	544.65	45.72	374.38	31.53
18	627.75	52.64	462.90	38.91	319.88	26.99
28	618.75	51.89	456.15	38.34	315.38	26.61
33	667.25	55.93	492.53	41.37	339.63	28.63
34	670.75	56.23	495.15	41.59	341.38	28.78
35	657.75	55.14	485.40	40.78	334.88	28.24
37	624.75	52.39	460.65	38.72	318.38	26.86

**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.

**APPENDIX 1**

**Dues Deduction Authorization  
ONA and/or Local Unit Dues**

I authorize Mercy Allen Hospital to deduct from my earnings each pay period such sums as the Ohio Nurses Association may certify as due and owing from me as monthly membership dues, and to promptly pay such sum to the Association. Upon written notification by the Association that the monthly amount has changed, the Hospital is authorized to change my deduction accordingly.

I reserve the right to revoke this authorization during the thirty (30) day pay period preceding the next anniversary date of the Agreement upon giving Mercy Allen Hospital and the Ohio Nurses Association a written notice in advance

. This authorization shall annually renew itself, subject to proper revocation.

_____	_____
<b>Signature</b>	<b>Date</b>
_____	_____
<b>Name</b>	<b>Employee ID Number</b>

I authorize Mercy Allen Hospital to deduct local unit dues in whatever sums are designated in writing by the Local Unit Chair from the first pay in July of each year, such dues to be transmitted to the Local Unit Chair or her designee.

_____	_____
<b>Signature</b>	<b>Date</b>

Ohio Nurses Association  
4000 East Main Street  
Columbus, Ohio 43213-2983  
Fax: 614-237-6074