

## Professional Association Member Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal E-mail (NO work e-mail please): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ Shift: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Name/Facility: \_\_\_\_\_

Oregon RN license # : \_\_\_\_\_

Credentials :  RN  NP  CNS  LPN

### Choose Payment Method - Choose One (see back for details and dues rates)

**Electronic Funds Transfer - Preferred** (Enclose voided personal check or include your bank account number and routing number below. See back page for example.)

Bank Account # \_\_\_\_\_

Routing # \_\_\_\_\_

**Credit Card**

Card Type (choose one)  Visa  MasterCard  American Express  Discover

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Last three digits on back of card \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Special Reduced Dues Categories

Please check any that apply. *See back page for details and restrictions.*

- Work 64 hours or less per month and status has been verified by employer(s).
- RN who is a full-time student
- ONA Student Affiliate (OSNA member) who is a recent graduate of a basic nursing program  
If applicable, what is your OSNA Member #: \_\_\_\_\_
- Recent graduate of advance practice nursing program

I verify the above information, agree to maintain my membership for a minimum of 30 days from the date of application and hereby authorize the selected payment method as indicated above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Dues Amount \_\_\_\_\_

Pay Type \_\_\_\_\_

Date \_\_\_\_\_



## About ONA

The Oregon Nurses Association (ONA) was founded in 1904 and is the largest and most influential nursing association in the state. In our more than 100 year history, ONA has changed the face of nursing in Oregon by improving working conditions for nurses, advancing nursing practice, and protecting patient's rights.

Our work is focused on three key areas:

- **Professional Services** - providing registered nurses, nursing students, and advanced practice registered nurses with continuing education, professional development and consulting services.
- **Labor Relations** - representing nurses across the state in collective bargaining agreements.
- **Government Relations** - advocating for legislative and policy changes that provide the best working conditions for nurses and the best health care for our patients.

We work closely with a wide range of local, state and national nursing organizations, including the American Nurses Association, the National Federation of Nurses, the American Federation of Teachers (AFT), the Oregon Center for Nursing, the Oregon State Board of Nursing and the Oregon Nurses Foundation.

## The Value of Membership

Our members are our strength. Together, we can ensure the future of our profession; that is the true value of membership in ONA.



By becoming a member, you become part of our collective strength, enabling us to negotiate better wages, improve working conditions, influence policy, ensure the highest quality patient care, and protect nurses' rights in the workplace.

In addition, your membership entitles you to discounted continuing education programs, workshops, newsletters, practice resources, consultation services, and more.

Learn more on the ONA website at:

[www.OregonRN.org](http://www.OregonRN.org)

## Dues Rates: July 1, 2017 - June 30, 2018

The ONA are calculated at a yearly rate and dues are taken monthly. The dues deducted are shown here before any special reduced dues discounts you may qualify for as noted below.

### ONA Membership: \$39.39 per month

Note: Dues may be tax deductible as a business expense. Check with your tax preparer. Membership includes ONA, ANA, local ONA Constituent Association, ON-PAC and NU-PAC. Please send a letter to ONA if you do not want a portion of your dues to go to ON-PAC and/or to NU-PAC and instead direct ONA to deposit that amount in the ONA General Fund.

**ONA members shall be considered delinquent and rights shall be forfeited upon failure to pay dues or fees as required by current policy. No monies shall be refunded or additional monies collected retroactively when a change of dues category is made within a membership year.**

## Special Reduced Dues Qualifications

You may be eligible for a dues reduction if you meet any of the following qualifications:

- Work 64 hours or less per month and status has been verified by your employer(s). A change of status shall not occur more than one time during the membership year. (50% discount)
- Licensed RN who is currently a full-time student. (50% discount) *Attach proof of full-time enrollment*
- Student Affiliate (Oregon Student Nurses Association member) who is a graduate of a basic nursing program receives discounts on first two years of membership, if initiated within six months following licensure. You must have been a student affiliate member prior to graduation. (75% discount first year and 50% second year)
- Graduate of an advance practice nursing program receives discount on first year of membership, if initiated within six months after graduation. (50% discount) *You must attach a copy of your diploma or transcripts.*

## Payment Method Details

### Electronic Funds Transfer\*

This is my authorization for ONA to withdraw my monthly dues on the 15th of each month (or first business day after) as an automated checking account debit.

### Credit Card\*

Monthly automated charge on the 15th of each month.

\* ONA is authorized to change the amount by giving 30 days written notice to the undersigned. The undersigned may cancel this authorization by written notification of termination.

## Bank Account and Routing Number Example

Your **bank account number** is the second set of numbers printed on the bottom of your checks.

Your bank **routing number** is a nine-digit code that's based on the location where your account was opened. It's the first set of numbers printed on the bottom left side of your check.

NAME \_\_\_\_\_ 0123  
ADDRESS \_\_\_\_\_ 01-23456789  
CITY, STATE, ZIP \_\_\_\_\_ DATE \_\_\_\_\_  
PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
BANK NAME \_\_\_\_\_ DOLLARS  
ADDRESS \_\_\_\_\_  
0123456789 10123456789 0123

## Member Demographic Information (optional)

### Highest Level of Education

- Diploma
- Associate degree in Nursing
- Associate degree, Non-Nursing
- Baccalaureate in Nursing
- Baccalaureate, Non-Nursing
- Master's Degree in Nursing
- Master's Degree, Non-Nursing
- Doctorate in Nursing
- Doctorate, Non-Nursing

### Current Position or Role (mark all that apply)

- Academic Faculty
- Case Manager
- Clinical Nurse Specialist
- Consultant
- Manager or Supervisor
- Nurse Executive, Administrator
- Nurse Midwife
- Nurse Practitioner
- Staff Nurse
- Staff Development / Clinical Educator
- Other \_\_\_\_\_

### Other Information

Other credentials or certifications:

\_\_\_\_\_

Date you earned your RN license?

Month \_\_\_\_\_ Year \_\_\_\_\_

Date of birth:

Month \_\_\_\_\_ Year \_\_\_\_\_

Sex:  Female  Male

### Primary Nursing Specialty

- Cardiac Nursing
- Community or Public Health
- Critical Care, Trauma, NICU
- Emergency
- Geriatric Nursing
- Home Health
- Hospice / Palliative Care
- Medical / Surgical
- Obstetrics / Women's Health
- Occupational Health
- Oncology
- Orthopedics
- Pediatrics
- Perioperative (OR, PAR, Recovery)
- Primary Care
- Psychiatric / Mental Health
- School Health
- Wound Care
- Other \_\_\_\_\_

### Place of Primary Employment (mark all that apply)

- Ambulatory / Outpatient Clinic / Primary or Specialty Care Office
- Business, Industry
- Community or Public Health
- Home Health Agency
- Hospital
- Long Term Care Facility
- School
- School of Nursing
- State / Local / Government Agency
- Other (please specify): \_\_\_\_\_

Questions? Call membership services at (503) 293-0011 or contact us through our website:

[www.OregonRN.org](http://www.OregonRN.org)

Mail completed application form to:

Oregon Nurses Association  
18765 SW Boones Ferry Rd. Suite 200  
Tualatin, OR 97062

Or send by FAX to (503) 293-0013