

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: _____

Second Employer Name/Facility (if any): _____

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 _____

Payroll Deduction

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

Dues Rate: July 1, 2017 - June 30, 2018

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

ONA Membership: \$89.37 per month

Note: Dues may be tax deductible as a business expense. Check with your tax preparer. Membership includes ONA, ANA, AFT, NFN, local ONA Constituent Association, Oregon AFL-CIO, ON-PAC, NU-PAC, and bargaining unit assessment where applicable. 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.

The right by law, to belong to the Union and to participate in its affairs is a very important right. Currently, you also have the right to refrain from becoming a member of the Union. If you choose this option, you may elect to satisfy requirements of a contractual union security provision by paying the equivalent of monthly dues to the Union. In addition, non-members who object to payment in full of the equivalent of dues and fees may file written objections to funding expenditures that are not germane to the Union's duties as your agent for collective bargaining. If you choose to be an objector, your financial obligation will be reduced very slightly. Individuals who choose to file such objections should advise the Union in writing at its business address of this choice. The Union will then advise you of the amounts which you must pay and how these amounts are calculated, as well as any procedures we have for challenging our computations.

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.

Payroll Deduction

By choosing this option, I authorize my employer to deduct an amount as certified by the Oregon Nurses Association as the current amount of the ONA dues from my earnings each year, according to the employer's payroll deduction period, beginning with the next payroll period and shall automatically renew itself for successive yearly or applicable contract periods.

* 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 123456789012345678901234 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

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