

**Welcome to the Washington State Nurses Association!**

Here is a membership application and information important to your membership. Please read carefully, then return your completed application to WSNA. Keep this page for your records.

**Changes to your membership information**

If any of the following changes occur, notify WSNA Member Services in writing (either by postal mail or by email):

- Change of name, address, phone number and / or home e-mail address
- New payment method (we need at least 30 days prior notice to make this change)

**How to contact WSNA member services**

575 Andover Park West, Suite 101  
Seattle, WA 98188

206.575.7979 phone  
206.838.3099 fax

membership@wsna.org

**Where your dues go**

The amount of dues you pay includes portions that go to WSNA, the American Nurses Association and your district nurses association. This combined amount is based on the district in which you are employed and your membership category. For more information on where your dues go, visit [www.wsna.org/membership](http://www.wsna.org/membership).

**Dues rates**

Dues rates shown are effective Jan. 1, 2019 – Dec. 31, 2019 and subject to change with proper notice.

**Membership categories for non-union members**

- E** 62 years of age and not employed, or totally disabled
- F** Employed and not covered by a WSNA collective bargaining contract, or unemployed
- R** New graduate nurse, employed and not covered by a WSNA collective bargaining contract (for first year of membership only)

**Districts**

The district portion of your dues are determined by the county where you work. If your workplace's county is not listed, you are in district 98.

- |   |   |   |  |  |   |
|---|---|---|--|--|---|
| <b>Northwest Region</b><br>Island, San Juan, Skagit, Snohomish and Whatcom counties | <b>District 4</b><br>Adams, Lincoln, Pend Oreille, Spokane and Stevens counties | <b>District 6</b><br>City of Yakima City and northern area of Yakima County | <b>District 10</b><br>Cowlitz and Wahkiakum counties | <b>District 13</b><br>Thurston County              | <b>District 17</b><br>Kitsap County         |
| <b>King County Nurses Association (KCNA)</b><br>King County                         | <b>District 5</b><br>Columbia and Walla Walla counties                          | <b>District 7</b><br>Chelan, Douglas and Grant counties                     | <b>District 11</b><br>Clark and Skamania counties    | <b>District 14</b><br>Whitman County               | <b>District 18</b><br>Kittitas County       |
| <b>District 3</b><br>Pierce County  |   | <b>District 8</b><br>Grays Harbor County                                    | <b>District 12</b><br>Clallam and Jefferson counties | <b>District 15</b><br>Benton and Franklin counties | <b>District 98</b><br>All others not listed |

		Category E		Category F		Category R	
		Monthly	Annual	Monthly	Annual	Monthly	Annual
Region / district	<b>Northwest</b>	\$17.15	\$205.75	\$35.26	\$423.12	\$17.63	\$211.50
	<b>6, 8, 17, 18</b>	\$17.04	\$204.48	\$34.83	\$418.08	\$17.42	\$209.04
	<b>KCNA</b>	\$18.16	\$217.92	\$39.28	\$471.36	\$19.64	\$235.68
	<b>3</b>	\$17.47	\$209.63	\$36.54	\$438.48	\$18.27	\$219.25
	<b>4</b>	\$17.38	\$208.50	\$36.16	\$433.92	\$18.08	\$217.00
	<b>5, 15</b>	\$16.94	\$203.25	\$34.42	\$413.04	\$17.21	\$206.50
	<b>7</b>	\$17.05	\$204.63	\$34.88	\$418.56	\$17.44	\$209.25
	<b>12</b>	\$17.20	\$206.38	\$35.46	\$425.52	\$17.73	\$212.75
	<b>10, 13</b>	\$16.99	\$203.88	\$34.62	\$415.44	\$17.31	\$207.75
	<b>11</b>	\$17.25	\$207.00	\$35.66	\$427.92	\$17.83	\$214.00
<b>14, 98</b>	\$16.83	\$202.00	\$34.00	\$408.00	\$17.00	\$204.00	

**Tax Information**

Dues payable to WSNA are not deductible as a charitable contribution for federal income tax purposes. However, these may be deductible under other provisions of the Internal Revenue Code. Please consult your tax advisor for more information.



- Please print clearly.
- Please complete all sections before submitting your application. An incomplete application may delay your membership.
- Return by mail to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188 or by fax to 206-838-3099.
- For questions, call 206-575-7979 or send email to membership@wsna.org

**1. Personal information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials (MSN, BSN, RN, ARNP, FAAN, etc) \_\_\_\_\_ Nursing License Number (required) \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ WSNA District # \_\_\_\_\_

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

Home Email \_\_\_\_\_ When possible, I prefer to receive communication\* by  postal mail  email  both

\* Note that certain communications will always be sent by postal mail, including, but not limited to, when required by law or by the WSNA bylaws.

I am a **recent graduate** and have become a new nurse within the last 12 months.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_  
 Month & year of passing NCLEX      Month & year first employed as an RN

**2. Employment information**

Employer / Facility \_\_\_\_\_ FTE / Hours worked per month \_\_\_\_\_ or  Per Diem

Date of Hire as RN \_\_\_\_\_ Unit \_\_\_\_\_ Shift \_\_\_\_\_

Additional Employer / Facility \_\_\_\_\_ FTE / Hours worked per month \_\_\_\_\_ or  Per Diem

Date of Hire as RN \_\_\_\_\_ Unit \_\_\_\_\_ Shift \_\_\_\_\_

**3. Dues payment options**

- Annual check (enclosed)
- Annual electronic funds transfer
- Annual credit card
- Monthly electronic funds transfer
- Monthly credit card

**4. Signature**

*As a member of WSNA I will: Uphold the bylaws of WSNA and American Nurses Association (ANA); abide by the ANA Code for Nurses; fulfill the requirements of an office if elected or appointed; promote fulfillment of the functions of WSNA; and pay dues as required by WSNA. I hereby authorize the selected payment method as indicated.*

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

**Payment details**

**Electronic funds transfer**

*This authorizes: (1) monthly withdrawals of 1/12 of my annual dues from my checking account (between the 18th and 20th of the month), and (2) I understand that any changes to the amount or cancellation of this authorization require written notification 20 days prior to the deduction date.*

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

**Credit card**

*This authorizes (1) monthly charges of 1/12 of my annual dues to the credit card information listed below (between the 21st and 25th of the month) and (2) I understand that any changes to the amount or cancellation of this authorization require written notification 20 days prior to the deduction date.*

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

*Turn your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your CVV number.*

