

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) so we can assure that you receive your full membership benefits in a timely and efficient manner:

- Change of name, address, phone number and / or home e-mail address
- Taking a leave of absence from your employer
- Change of FTE status (any changes in the number of hours you work monthly or in your position)
- Change of employer
- If you are laid off

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
wsna.org/membership

Where your dues go

The amount of dues you pay includes portions that go to WSNA, the American Nurses Association, AFT Healthcare and your district nurses association. Four percent of the WSNA portion of your dues go to the WSNA Cabinet on Economic and General Welfare and an additional four percent go to your local unit. This combined amount is based on the district in which you are employed and the total hours you are scheduled to work per month (FTE). For more information on where your dues go, visit www.wsna.org/membership

Monthly dues rates

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

Membership categories for union members

- A** In a WSNA represented bargaining unit and working an average of 80 or more hours per month (0.5–1.0 FTE)
- B** In a WSNA represented bargaining unit and working an average of 40 hours or more and less than 80 hours per month (0.25–0.49 FTE)
- C** In a WSNA represented bargaining unit and working an average of less than 40 hours per month (less than 0.24 FTE, or per diem)
- D** New Graduate Nurse employed in a WSNA represented bargaining unit (for the 1st year of membership only)

Districts

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

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

		Category A	Category B	Categories C and D
Region / district	Northwest	\$87.30	\$68.08	\$48.88
	6, 8, 17, 18	\$86.88	\$67.78	\$48.68
	KCNA	\$91.32	\$71.10	\$50.90
	3	\$88.58	\$69.06	\$49.54
	4	\$88.22	\$68.78	\$49.34
	5, 15	\$86.46	\$67.46	\$48.46
	7	\$86.92	\$67.80	\$48.70
	12	\$87.50	\$68.24	\$48.98
	10, 13	\$86.68	\$67.62	\$48.58
	11	\$87.72	\$68.40	\$49.10
14, 98	\$86.04	\$67.16	\$48.26	

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.

I value the power we have together to build a safer and healthier environment to provide care.
The benefits I receive as a member support me in becoming the best nurse I can be.

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|--|--|---|
| Better wages, benefits and working conditions | Access to professional development opportunities | Discounts on LegalShield, AFLAC, Staples and more |
| Free and discounted continuing nursing education contact hours | Advocacy to achieve safe staffing, rest breaks and safety in the workplace | Membership in our national affiliates American Nurses Association and AFT |

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

1. Personal information

First Name _____ M.I. _____ Last Name _____ Credentials (BSN, RN etc) _____ Last 4 of SSN _____

Home Address _____ Nursing License Number (required) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Home Email _____

By providing my cell phone number, I expressly consent to receive calls and/or text messages from WSNA and its affiliates using automated calling technologies at the wireless number provided, and I understand that this consent is not a condition of my membership in WSNA and that I can unsubscribe from these messages.

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. 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 below.

Signature _____ Date _____

Payment details

Electronic funds transfer

- Monthly** This authorizes: (1) monthly withdrawals 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.
- Annual** This authorizes: (1) annual withdrawal of my dues from my checking account, 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

- Monthly** 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.
- Annual** This authorizes (1) annual charge of my dues to the credit card information listed below 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.

Notice of Washington State Nurses Association policy regarding nonmembers employed under WSNA collective bargaining agreements

Federal and state labor laws recognize the right of unions in Washington to enter into collective bargaining agreements with private sector employers that require employees, as a condition of employment, either to join the union (and thereby enjoy all of full rights and benefits of membership) or to pay fees to the union (and thereby satisfy any financial obligation to the union without enjoying the full rights and benefits of union membership). Regardless of the wording of the "union security" agreement, employees represented by the Washington State Nurses Association for purposes of collective bargaining and covered by a valid union security agreement are not required to become full members of WSNA, and are required only to choose either to be members of WSNA or pay fees to it. (Note that regardless of whether a collective bargaining agreement between WSNA and a public sector employer contains a union security agreement, public sector employees are not required to pay dues, agency fees, or any other payment to WSNA as a condition of employment.) Employees who choose to become members of the Washington State Nurses Association pay WSNA dues and receive all of the rights and benefits of WSNA membership. Employees who either decline to become members of WSNA or who resign from WSNA membership may pay "agency fees" to cover their share of the cost of representation, and thereby satisfy any applicable union security obligation. WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and which require that all employees must either join the union or pay fees to the union, in order to ensure that each employee who is represented by WSNA pays a fair share of the cost of that representation. Such union security agreements strengthen WSNA's ability to represent employees effectively in collective bargaining, contract enforcement and grievance administration, while eliminating "free riders" who enjoy the benefits of a WSNA contract and representation without contributing their fair share of the union's expenses for negotiating, administering and enforcing the contract. Through the collective bargaining process, nurses represented by WSNA achieve higher wages, better benefits, fairness in the disciplinary procedure, and enhanced respect for their skills and professionalism. These improvements, won through collective bargaining, enhance the terms and conditions of working life for all employees, create conditions under which nurses can safely advocate for their patients, and allow them to better provide for themselves and their families. Only WSNA members enjoy all of the full rights of WSNA membership. Only WSNA members have the right to attend local unit meetings and speak out on any and all issues affecting their workplace, WSNA and its members; the right to participate in the formulation of WSNA policies; the right to have input into WSNA bargaining goals and objectives, and to serve on WSNA negotiating committees; the right to nominate and vote for candidates for WSNA office, and to run as a candidate for WSNA office; the right to vote on contract ratification and strike authorization; the right to participate in the WSNA general assembly; and the right to participate in the American Nurses Association and the American Federation of Teachers. Agency fee payers are those who choose not to be full members of WSNA but who comply with any applicable union security agreement to pay their share of WSNA's expenses for negotiating, administering and enforcing the contract with their employer by payment of agency fees. They thereby fulfill any applicable union security financial obligation to WSNA under the terms of any collective bargaining agreement between their employer and WSNA. Agency fee payers forfeit valuable rights and benefits of WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment. Any WSNA member may resign at any time from WSNA (and thereby forfeit his or her WSNA membership rights) by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. It is recommended that any resignation from WSNA membership be sent by certified mail, but certified mail is not required regardless of the terms of any applicable collective bargaining agreement. A member covered by a valid union security agreement who resigns from WSNA shall be re-classified as an agency fee payer. Agency fee payers should submit to WSNA an Agency Fee Payer Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA costs germane to collective bargaining, contract administration and grievance adjustment. WSNA automatically reduces the fee charged to agency fee payers by the amount attributable to expenditures incurred for WSNA activities that are not related to its responsibilities as representative for purposes of collective bargaining. In our most recent accounting year, 6.6% of WSNA's total expenditures were spent on activities unrelated to collective bargaining representation. Any non-member who is financially obligated to WSNA under a valid union security agreement may inspect the audit report of WSNA expenditures at a reasonable time and place upon written request to WSNA. Any non-member who disagrees with the amount of the agency fee may file a written challenge with WSNA, which must state the basis for the challenge. For members who resign their membership during the calendar year, challenges must be made within 30 days of the postmark of the notice regarding their change in status from members to agency fee payers. For nonmembers, challenges must be made during the 30 day period after the postmark of WSNA's written notice of the new calculation for agency fees that take effect on January 1 of each year. Such challenges shall be decided by an impartial arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any challenges must be submitted to WSNA, ATTN: Agency Fee Challenges, 575 Andover Park West, Suite 101, Seattle, WA 98188. It is recommended that any challenges submitted be sent by certified mail, but certified mail is not required.