

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 these changes occur, notify WSNA Member Services in writing (either by postal mail or by email) so that 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
- New payment method (we need at least 30 days prior notice to make this change)

**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 live and your membership category. For more information on where your dues go, visit [www.wsna.org/membership](http://www.wsna.org/membership)

**Calculate your membership dues**

**MEMBERSHIP CATEGORIES**

- 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 / REGIONS**

The district / region portion of your dues is determined by the county where you live. If your county is not listed, you are in district 98.

<b>District 5</b> Columbia and Walla Walla counties	<b>Inland Empire Nurses Association (IENA)</b> Adams, Lincoln, Pend Oreille, Spokane, Stevens and Whitman counties
<b>District 6</b> City of Yakima City and northern area of Yakima County	<b>King County Nurses Association (KCNA)</b> King County
<b>District 7</b> Chelan, Douglas and Grant counties	<b>Northwest Region</b> Island, San Juan, Skagit, Snohomish and Whatcom counties
<b>District 15</b> Benton and Franklin counties	<b>Rainier and Olympic Nurses Association (RONA)</b> Clallam, Grays Harbor, Jefferson, Kitsap, Mason, Pierce and Thurston counties
<b>District 18</b> Kittitas County	<b>Southwest Region Nurses Association (SWRNA)</b> Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum counties
<b>District 98</b> All others not listed	

**DUES RATES**

		Category E		Category F		Category R	
		Annual	Monthly	Annual	Monthly	Annual	Monthly
Region / district	<b>5</b>	\$203.28	\$16.94	\$413.04	\$34.42	\$206.64	\$17.22
	<b>6</b>	\$204.72	\$17.06	\$418.08	\$34.84	\$209.04	\$17.42
	<b>7</b>	\$204.72	\$17.06	\$418.56	\$34.88	\$209.28	\$17.44
	<b>15</b>	\$203.28	\$16.94	\$413.04	\$34.42	\$206.64	\$17.22
	<b>18</b>	\$204.72	\$17.06	\$418.08	\$34.84	\$209.04	\$17.42
	<b>98</b>	\$202.08	\$16.84	\$408.00	\$34.00	\$204.00	\$17.00
	<b>IENA</b>	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26
	<b>KCNA</b>	\$217.92	\$18.16	\$471.36	\$39.28	\$235.68	\$19.64
	<b>Northwest</b>	\$205.92	\$17.16	\$423.12	\$35.26	\$211.68	\$17.64
	<b>RONA</b>	\$213.36	\$17.78	\$453.12	\$37.76	\$226.56	\$18.88
	<b>SWRNA</b>	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26

Dues rates shown are effective Jan. 1, 2021 – Dec. 31, 2021 and are subject to change with proper notice.

**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.

**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

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 an email to membership@wsna.org

First Name [ ] M.I. [ ] Last Name [ ] Last 4 of SSN [ ]

Home Address [ ]

City [ ] State [ ] Zip [ ] Primary Phone [ ] This is a mobile number

Home Email [ ] Secondary Phone [ ] This is a mobile number

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.

I prefer to receive communication by [ ] Postal Mail [ ] Email [ ] Both (Note that certain communications will always be sent by postal mail, such as when required by law or by the WSNA bylaws.)

DEMOGRAPHICS

- Race [ ] American Indian / Alaska Native [ ] Asian [ ] Black / African [ ] Pacific Islander / Native Hawaiian [ ] White [ ] Choose not to answer
Hispanic / Latino [ ] Yes [ ] No [ ] Choose not to answer

Nursing License Number (required) [ ] Credentials (Highest nursing degree, followed by license, followed by certification or honor. Example: 'BSN RN CCRN' or 'MSN ARNP FAAN') [ ]

[ ] I am a recent graduate and have become a new nurse within the last 12 months. Date passed NCLEX (MM / YY) [ ] Date first employed as an RN (MM / YY) [ ]

Employer [ ] Shift [ ] Variable [ ] Days [ ] Evenings [ ] Nights

FTE / Hours Worked Monthly [ ] Date of Hire as RN (MM / DD / YY) [ ] Unit [ ]

Additional Employer [ ] Shift [ ] Variable [ ] Days [ ] Evenings [ ] Nights

FTE / Hours Worked Monthly [ ] Date of Hire as RN (MM / DD / YY) [ ] Unit [ ]

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.

SIGN HERE Sign [ ] Date (MM / DD / YY) [ ]

CHECK

- [ ] Annual Check is enclosed.

ELECTRONIC FUNDS TRANSFER

- [ ] Monthly (1) This authorizes a monthly withdrawal of the applicable dues amount 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.
[ ] Annual (1) This authorizes an annual withdrawal of the applicable dues amount 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 (1) This authorizes a monthly charge of the applicable dues amount 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.
[ ] Annual (1) This authorizes an annual charge of the applicable dues amount 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.

Card Number [ ] Exp. Date (MM / YY) [ ] CVV [ ]

AND SIGN HERE

Sign [ ] Date (MM / DD / YY) [ ]