

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

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.

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

DUES RATES

		Category E		Category F		Category R	
		Annual	Monthly	Annual	Monthly	Annual	Monthly
Region / district	5	\$203.28	\$16.94	\$413.04	\$34.42	\$206.64	\$17.22
	7	\$204.72	\$17.06	\$418.56	\$34.88	\$209.28	\$17.44
	15	\$203.28	\$16.94	\$413.04	\$34.42	\$206.64	\$17.22
	98	\$202.08	\$16.84	\$408.00	\$34.00	\$204.00	\$17.00
	CWRNA	\$213.36	\$17.78	\$453.12	\$37.76	\$226.56	\$18.88
	IENA	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26
	KCNA	\$217.92	\$18.16	\$471.36	\$39.28	\$235.68	\$19.64
	NWRNA	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26
	RONA	\$213.36	\$17.78	\$453.12	\$37.76	\$226.56	\$18.88
	SWRNA	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26

Dues rates shown are effective Jan. 1 – Dec. 31, 2024 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
membership@wsna.org

wsna.org/membership

Please print clearly. Complete all sections before submitting. An incomplete application could delay your membership. *Questions?* Call 206-575-7979 or email membership@wsna.org.

Return by mail to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188 or by email to membership@wsna.org.

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

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Home Address

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City

State

Zip

Primary Phone ☐ This is a mobile number

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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

Optional

Hispanic/Latino

- ☐ Yes
☐ No

Race (check all that apply)

- ☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American
☐ Pacific Islander / Native Hawaiian ☐ White

Age

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Birth year

Gender

- ☐ Male
☐ Female
☐ X

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Nursing License Number

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.

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Date passed NCLEX (MM / YY)

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Date first employed as an RN (MM / YY)

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Employer

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☐ Per Diem

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Date of Hire as RN (MM / DD / YY)

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Unit

Shift

- ☐ Variable ☐ Days
☐ Evenings ☐ Nights

FTE / Hours Worked Monthly

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Additional Employer

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☐ Per Diem

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Date of Hire as RN (MM / DD / YY)

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Unit

Shift

- ☐ Variable ☐ Days
☐ Evenings ☐ Nights

FTE / Hours Worked Monthly

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

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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.

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Routing Number

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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.

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Card Number

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Exp. Date (MM / YY)

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CVV

AND SIGN HERE

Sign

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Date (MM / DD / YY)