

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.

Please note: *This application is intended only for registered nurses employed in a position covered by a collective bargaining agreement between their employer and WSNA. If you are not a registered nurse, or do not work in a position covered by a WSNA collective bargaining agreement, please contact WSNA member services at membership@wsna.org or (206) 575-7979 for the appropriate application.*

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
- Taking a leave of absence from your employer
- Change of FTE status (change in number of hours you work monthly or in your position)
- Change of employer
- If you are laid off

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

Calculate your membership dues

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)

* In lieu of becoming a union member, you may comply with any applicable union security financial obligation by payment of agency fees or making a bona fide religious objection in accordance with the Washington State Nurses Association policy regarding nonmembers employed under WSNA collective bargaining agreements with private sector employers. See the attached Notice. If you choose to become an agency fee payer rather than a member of the union, please contact WSNA member services for the appropriate application.

DISTRICTS / REGIONS

The district / region portion of your dues is determined by the county where your primary employer is located. If the 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

Inland Empire Nurses Association (IENA)

Adams, Lincoln, Pend Oreille, Spokane, Stevens and Whitman counties

Southwest Region Nurses Association (SWRNA)

Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum counties

District 98

All others not listed

MONTHLY DUES

		Category A	Category B	Category C
Region / District	5	\$100.38	\$78.02	\$55.66
	7	\$100.84	\$78.36	\$55.88
	15	\$100.38	\$78.02	\$55.66
	98	\$99.96	\$77.72	\$55.46
	CWRNA	\$103.72	\$80.52	\$57.32
	IENA	\$102.46	\$79.58	\$56.70
	KCNA	\$105.24	\$81.66	\$58.08
	NWRNA	\$102.46	\$79.58	\$56.70
	RONA	\$103.72	\$80.52	\$57.32
	SWRNA	\$102.46	\$79.58	\$56.70

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.

Facility codes

Refer to this section when completing the application form.

AMMER	American Medical Response	SWWMC	PeaceHealth Southwest Medical Center
MRTPN	Arbor Health, Morton Hospital (LPN)	PHLCR	PeaceHealth St. John Medical Center
MRTRN	Arbor Health, Morton Hospital (RN)	SJBEL	PeaceHealth St. Joseph Medical Center – Bellingham
SUNNY	Astria Sunnyside Hospital	UNITE	PeaceHealth United General Medical Center
TOPPE	Astria Toppenish Hospital	HOLYF	Providence Holy Family Hospital
BENFR	Benton-Franklin Health District	SACRD	Providence Sacred Heart Medical Center
CASCD	Cascade Medical Center	STLUK	Providence St. Luke's Rehabilitation Medical Center
REHAB	CHI Franciscan Rehabilitation Hospital	PVNAS	Providence VNA Home Health
SCLAR	CHI Franciscan St. Clare Hospital	SKCHD	Public Health – Seattle & King County (staff nurses)
SJTAC	CHI Franciscan St. Joseph Medical Center – Tacoma	SKCSP	Public Health – Seattle & King County (supervisors)
CENWA	Confluence Health Hospital – Central Campus	PULLM	Pullman Regional Hospital
MARES	Confluence Health Hospital – Mares Campus	CHILD	Seattle Children's Hospital
EVGRN	EvergreenHealth	SKAGI	Skagit Regional Health
FRESE	Fresenius Kidney Care	SKYLI	Skyline Hospital
GRAYS	Harbor Regional Health Community Hospital	SNOHD	Snohomish County Health Department
ISLAN	Island Health	SPHLD	Spokane Regional Health District
KADLC	Kadlec Regional Medical Center	SPVET	Spokane Veterans Home
KINFH	Kindred Hospital Seattle – First Hill	UWASH	UW Medical Center – Montlake
KITTV	Kittitas Valley Healthcare	NRWST	UW Medical Center – Northwest
GDSAM	MultiCare Good Samaritan Hospital	VMMHS	Virginia Mason Medical Center
MBNIC	MultiCare Mary Bridge Children's – Neonatal Intensive Care Unit	WALLA	Walla Walla Veterans Home
TCGEN	MultiCare Tacoma General Hospital	SOLDR	Washington Soldiers Home
OCEAN	Ocean Beach Hospital	VETER	Washington Veterans Home
OVERL	Overlake Hospital Medical Center	WHATC	Whatcom County Health and Community Services
PHIMC	PeaceHealth Peace Island Medical Center	WHIDB	WhidbeyHealth Medical Center

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

City	State	Zip	Primary Phone <input type="checkbox"/> This is a mobile number
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Home Email	Secondary Phone <input type="checkbox"/> This is a mobile number
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check all that apply) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Pacific Islander / Native Hawaiian <input type="checkbox"/> White	Age Birth year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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')
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EMPLOYMENT INFORMATION See the 'Facility Codes' section on page 2 to find your employer's facility code.

Employer / Facility Code (required)	FTE / Hours Worked Monthly <input type="checkbox"/> Per Diem	Date of Hire as RN (MM / DD / YY)	Unit	Shift <input type="checkbox"/> Variable <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Employer / Facility Code (if applicable)	FTE / Hours Worked Monthly <input type="checkbox"/> Per Diem	Date of Hire as RN (MM / DD / YY)	Unit	Shift <input type="checkbox"/> Variable <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights

● 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 have reviewed the attached Notice of Washington State Nurses Association Policy Regarding Nonmembers Employed Under WSNA Collective Bargaining Agreements with Private Sector Employers.

● In consideration for all of the rights, privileges and benefits of membership in the Washington State Nurses Association (WSNA), I hereby agree to pay dues or fees in the amount specified by WSNA. I further authorize any employer for whom I am employed under the terms of a collective bargaining agreement between said employer and WSNA to deduct such dues and fees from my wages, and to transmit such dues and fees to WSNA each month. I also authorize WSNA to provide a copy of this

authorization to any employer that has a collective bargaining relationship with WSNA, including any employer for whom I may be employed in the future. I recognize that nurses need strong, effective representation to protect my professional practice and to improve the conditions under which I am employed. I understand that everyone represented by WSNA should share in paying for the costs of WSNA activities. This authorization is voluntary and shall remain in effect regardless of whether I am or remain a member of WSNA. This commitment and authorization shall be irrevocable for a period of one (1) year from the date of execution of this authorization or until the termination date of the current collective bargaining agreement between my employer and WSNA, whichever occurs sooner, and will be automatically and irrevocably renewed from year to year thereafter, unless within not more than fifteen (15) days after the expiration of the applicable collective bargaining agreement, or at least thirty

(30) days and not more than forty-five (45) days prior to the annual anniversary date of the execution of this authorization, I provide my employer and WSNA written notice of revocation bearing my signature thereon. WSNA dues and fees are not tax deductible as charitable contributions for federal income tax purposes, although said dues and fees may be tax deductible pursuant to other provisions of the Internal Revenue Code. Nurses who prefer to pay their WSNA dues or fees by a method other than payroll deduction should contact WSNA member services at membership@wsna.org or 206-575-7979.

● By providing a mobile 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.

Name

SIGN HERE

Sign to authorize payroll deduction

Date (MM / DD / YY)

**Notice of Washington State Nurses Association
Policy Regarding Nonmembers Employed
Under WSNA Collective Bargaining Agreements
with Private Sector Employers**

Federal 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 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. During our most recent accounting year, 6.25% of WSNA’s total expenditures were spent on activities unrelated to collective bargaining representation. This percentage is deducted during the calculation of agency fees. In addition, the following amounts (as applicable) are also deducted from agency fees: the non-chargeable portion of dues paid to the American Federation of Teachers, dues paid to the American Nurses Association, and dues paid to WSNA’s constituent associations. The exact amount of the applicable reduction in monthly agency fees compared to full WSNA dues is shown in the table at the bottom of this page.

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 should 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 non-members, 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.

The table below shows the difference between the monthly amounts of full WSNA membership dues and agency fees for each category and district or region.

Difference between monthly full membership dues and agency fees by category and district/region

		Category A	Category B	Category C
Region / District	5	\$21.08	\$16.74	\$12.38
	7	\$21.54	\$17.08	\$12.60
	15	\$21.08	\$16.74	\$12.38
	98	\$20.66	\$16.44	\$12.18
	CWRNA	\$24.42	\$19.24	\$14.04
	IENA	\$23.16	\$18.30	\$13.42
	KCNA	\$25.94	\$20.38	\$14.80
	NWRNA	\$23.16	\$18.30	\$13.42
	RONA	\$24.42	\$19.24	\$14.04
	SWRNA	\$23.16	\$18.30	\$13.42

Effective Jan. 1 – Dec. 31, 2024 and subject to change with proper notice.

Please note the table above does not show full agency fees. For the full amount due, please consult the agency fee application.

For more information about agency fees, contact WSNA member services at 206-575-7979.