

**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 nurses NOT employed in a position covered by a collective bargaining agreement between their employer and WSNA. If you work in a position covered by a WSNA collective bargaining agreement, please contact WSNA member services at (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
- 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 region/district nurses association. This combined amount is based on the region/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.

**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

### 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	\$216.48	\$18.04	\$465.12	\$38.76	\$232.56	\$19.38
	SWRNA	\$209.52	\$17.46	\$438.00	\$36.50	\$219.12	\$18.26

Dues rates shown are effective Jan. 1 – Dec. 31, 2026 and are subject to change with proper notice.

## Tax information

Dues and fees payable to WSNA are not tax deductible as a charitable contribution for federal income tax purposes. Such dues and fees 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](http://wsna.org/membership)

## Apply online

Online application form at [www.wsna.org/apply-individual](http://www.wsna.org/apply-individual).



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](mailto:membership@wsna.org).

Return by mail to WSNA, 575 Andover Park West, Suite 101, Seattle, WA 98188 or by email to [membership@wsna.org](mailto: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 <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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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.)

<b>DEMOGRAPHICS</b> 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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<input type="checkbox"/> 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)
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<b>MEMBERSHIP CATEGORY</b> Required	I am: <input type="checkbox"/> At least 62 years of age and not employed, or totally disabled (category E) <input type="checkbox"/> Employed and not covered by a WSNA collective bargaining contract, or unemployed (category F) <input type="checkbox"/> New graduate nurse, employed and not covered by a WSNA collective bargaining contract (for first year of membership only) (category R)
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**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.

<b>SIGN HERE</b>	Date (MM / DD / YY)
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<b>CHECK</b>	<input type="checkbox"/> Annual <i>Check is enclosed.</i>
<b>ELECTRONIC FUNDS TRANSFER</b>	<i>Monthly and annual payment options are available when completing the online membership application form at <a href="https://www.wsna.org/apply-individual">https://www.wsna.org/apply-individual</a></i>
<b>CREDIT CARD</b>	<i>Monthly and annual payment options are available when completing the online membership application form at <a href="https://www.wsna.org/apply-individual">https://www.wsna.org/apply-individual</a></i>