

# **MEMBERSHIP INFORMATION**

2022

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 <a href="https://www.wsna.org/membership">www.wsna.org/membership</a>

# 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

## District 7

Chelan, Douglas and Grant counties

#### District 15

Benton and Franklin 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

### King County Nurses Association (KCNA)

King County

### Northwest Region Nurses Association (NWRNA)

Island, San Juan, Skagit, Snohomish and Whatcom counties

#### Rainier Olympic Nurses Association (RONA)

Clallam, Grays Harbor, Jefferson, Kitsap, Mason, Pierce and Thurston 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	\$205.92	\$17.16	\$423.12	\$35.26	\$211.68	\$17.64
	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, 2022 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

Association / 01-01-2022





# **MEMBERSHIP APPLICATION**

2022

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, by fax to 206-838-3099 or by email to membership@wsna.org First Name Last Name Last 4 of SSN Home Address City State Zip Primary Phone 

This is a mobile number 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** Gender Race (check all that apply) Hispanic/Latino Age Optional ☐ Male ☐ Yes ☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Female ☐ No ☐ Pacific Islander / Native Hawaiian ☐ White ☐ Other Birth year **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. Date passed NCLEX (MM / YY) Date first employed as an RN (MM / YY) Employe Shift ☐ Per Diem ☐ Variable ☐ Days ☐ Evenings ☐ Nights FTE / Hours Worked Monthly Date of Hire as RN (MM / DD / YY) Shift ☐ Per Diem □ Variable □ Days ☐ Evenings ☐ 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. Sign Date (MM / DD / YY) **CHECK** ■ Annual Check is enclosed. **ELECTRONIC** ■ 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. **FUNDS** (1) This authorizes an annual withdrawal of the applicable dues amount from my checking account, and (2) I understand that any ☐ Annual **TRANSFER** changes to the amount or cancellation of this authorization require written notification 20 days prior to the deduction date. Routing Number Account Number **CREDIT** ■ 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. CARD (1) This authorizes an annual charge of the applicable dues amount to the credit card information listed below, and (2) I understand ☐ Annual 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)