

# Authorization for Deduction of Voluntary DCNA Dues or Agency Fees

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Hire Date \_\_\_\_\_

Unit/Department \_\_\_\_\_

Work Phone \_\_\_\_\_

Title: Registered Nurse \_\_\_\_\_ APRN \_\_\_\_\_ Pharmacist \_\_\_\_\_ Social Worker \_\_\_\_\_ Dietician \_\_\_\_\_  
Dues Per Pay Period      \$24.55      \$24.55      \$13.37      \$13.86      \$13.86

**Employee authorization (*Select only one*)**

**DCNA MEMBERSHIP DUES**

I, \_\_\_\_\_, hereby authorize and direct my employer to deduct membership dues as set by the DC Nurses Association (DCNA) from my wages. I further authorize any change in the amount to be deducted, that which is certified by DCNA as uniform changes in its dues structure. I understand that, as a member of DCNA, I will have full local unit and DCNA-wide participation rights

**AGENCY FEE**

I, \_\_\_\_\_, hereby authorize and direct my employer to deduct an agency fee as determined by the DC nurses Association in lieu of membership dues from my wages. I understand that I will not be a member of DCNA. I understand that as a non-member, I will forego DCNA membership privileges and benefits, but will still be covered by the Collective Bargaining Agreement.

Any employee has the right to remain or become a non-member and to pay an agency fee. Any agency fee payer is entitled to object to paying for activities not germane to DCNA's duties as a bargaining agent and to obtain further information about such activities and a reduction in fees for the cost of such activities. To file a timely objection following new hire or change in membership status, send a signed, dated, written statement to DCNA at the address below within 30 days of the receipt of this form or within 30 days of the change in membership status. This authorization deduct dues or fees shall be irrevocable for a period of one year from the date hereof or until the expiration of the present collective bargaining agreement between my employer and DCNA, whichever is the shorter of the two periods, without regard to my membership status in DCNA. I may revoke this authorization only by giving written notice of such revocation by mail to both the employer and DCNA, postmarked within the 10 day period to the anniversary date of this authorization, or within the 10 day period prior to the expiration date of any applicable collective bargaining agreement, whichever occurs sooner. In the absence of such notice and revocation submitted in accordance with the foregoing, this authorization shall be irrevocably renewed under the same terms set forth above, for successive additional one-year periods.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*While membership dues and agency fees are not tax deductible as charitable contributions for federal income tax purposes, they may be deductible under other provisions of the Internal Revenue Code.*

*I hereby certify that the dues/agency fees of this organization, for the above named employee, are currently established at \$24.55, \$13.37, \$13.86, \$13.86 bi-weekly.*

\_\_\_\_\_ Executive Director, DCNA

Return to DCNA: 5100 Wisconsin Avenue, NW Suite 306 Washington, DC 20016  
**FAX TO 202-362-8285**