DISTRICT OF COLUMBIA NURSES ASSOCIATION

Application for Mambarchin

Appn	ication for Membership	
For RNs Cov	ered by Collective Bargaining Agreen	nent
Last Name/First Name/Middle Initial	Employee ID#	Date of Birth
Address	Cell Phone	Degree and Date
City/State/Zip	Work Phone	School
	Personal E-mail Address	
Employer	Unit or Dept	License Type & No.
Employer	Onli of Depi	License Type & No.
Street	Shift	State of License
		,
City/State/Zip	FT/PT Status	Practice Interest
Membership Dues Information Full or part-time employees covered by	a collective hargaining agreement.	\$27.16 ner nav neriod
Tun or part-time employees covered by	a concente bargaming agreement.	φ27.10 per pay period.
For the following, dues are \$27.16 bi-weekly base Social Workers and Dieticians, \$18.70 for Pharm		nurses and APRN's, \$17.21 for
-Children's Hospital	-Children's School Ser	vices
-United Medical Center	-Howard University Ho	
-Department of Human Services/Depart	ment of Health -Department of Behavio	oral Health

1. Collective bargaining agreements between DCNA and the above facilities provide for payment of membership dues through payroll deduction. To initiate payroll deduction of dues, send a signed voluntary allotment or authorization form with this application to DCNA. If such a form is not available, return this application and we will send the authorization form, or call the DCNA office at (202) 244-2705 and one will be mailed to you.

2. Any employee has the right to remain or become a non-member and to pay an agency fee. An employee has the right to object to paying for activities not germane to DCNA's duties as bargaining agent and to obtain further information about such activities and a reduction in fees for the cost of such activities. Currently, 94 percent of DCNA's dues are spent on activities directly germane to collective bargaining. This means that an objector would owe \$51.06 monthly. 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 thirty (30) days of the receipt of this form or within thirty (30) days of change in membership status. If you are using a form for authorization to deduct dues or fees, it shall be irrevocable for a period of one year from the date hereof or until the expiration of the present collective bargaining agreement between your employer and DCNA, whichever is the shorter of the two periods, without regard to your 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 ten (10) day period prior to the expiration date of any applicable collective bargaining agreement, which ever 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.

3.	While membership dues and agency fees are not tax deductible as charitable contrible may be tax deductible under other provisions of the Internal Revenue Code.	butions for federal income tax purposes,
Ιh	nereby apply for membership in DCNA:	Date
	Return to DCNA: 1220 12th Street, SE, Suite G10, Washi EMAIL: MEMBERSHIP@DCNA.ORG FAX TO 202-362-8285 * OFFICE	9 ,

Authorization for Deduction of Voluntary DCNA Dues or Agency Fees

Name
Employee ID#
Home Address
Cell Phone
Employer Name
Hire Date
Unit/Department
Work Phone
Title: Registered NurseAPRNPharmacistSocial WorkerDieticianCSS/LPN
(NON-COLLECTIVE BARGAINING ONLY) Yearly Dues: Non-Collective Bargaining Retiree
DCNA MEMBERSHIP DUES
I,, hereby authorize and direct my employer to deduct membership dues as set by the Do 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 locunit and DCNA-wide participation rights
AGENCY FEE
I,, hereby authorize and direct my employer to deduct an agency fee as determined by 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.
IMPORTANT NOTE FOR DCNA MEMBERSHIP AND AGENCY FEE PAYERS When a dues paying member is no longer in a bargaining unit position (i.e. transfer, promotion), it is the member's responsibility to notify Human Resources/Employer and DCNA of the change in status. Should the member fail to make such notification, DCNA shall not be responsible for remitting a refund of dues deducted.
NON-COLLECTIVE BARGAINING & RETIREE
I,, hereby agree to remit monthly/yearly membership due s asset by the DC Nurses Association (DCNA).
Any employee has the right to remain or become a non-member and to pay an agency fee. An employee has the right to object 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 Date
Employee 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 \$27.16, \$18.70, \$17.21, \$17.21, \$15.00 bi-weekly.
Executive Director, DCNA