

DISTRICT OF COLUMBIA NURSES ASSOCIATION

Application for Membership

For RNs Covered by Collective Bargaining Agreement

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.
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 bargaining agreement: \$27.16 per pay period.

For the following, dues are \$27.16 bi-weekly based on 26 bi-weekly pay periods for registered nurses and APRN's, \$17.21 for Social Workers and Dietitians, \$18.70 for Pharmacist, and \$15.00 for CSS-LPNs.

**-Children's Hospital
-United Medical Center**

-Department of Human Services/Department of Health

-Children's School Services

-Howard University Hospital

-Department of Behavioral 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 contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.*

I hereby apply for membership in DCNA: _____ Date _____

Return to DCNA: 1220 12th Street, SE, Suite G10, Washington, DC 20003

EMAIL: MEMBERSHIP@DCNA.ORG FAX TO 202-362-8285 * OFFICE 202-244-2705 * www.dcna.org

