

Yes, I want to join ONA RNpower

• _____
• Last Name _____
• _____
• First Name _____ Middle Initial _____
• _____
• Home mailing address _____
• _____
• City _____ State _____ Zip Code _____
• _____
• Employer name _____
• _____
• Second Employer name _____
• _____
• Home Phone _____
• _____
• Work Phone _____
• _____
• E-mail address _____
• _____
• Oregon RN license # _____
• NP CNS LPN

Choose one type of payment method

1. **Direct Billing** (Enclose check with required payment.)
Check one: Annual payment Three installments per year

2. **Credit Card** (check one)
 Annual payment
 Monthly automated credit card charge on the 15th of each month
Check one: Visa MasterCard American Express

Name on card (please print)

Card #

Last three digits on reverse side of card

Expiration date

Authorized signature

3. **Electronic funds transfer.** (Enclose your voided personal check.)

This is my authorization for ONA to withdraw my monthly dues on the 15th of each month as an automated checking account debit.

Note: ONA is authorized to change the amount by giving 30 days written notice to the undersigned. The undersigned may cancel this authorization by written notification of termination.

Signature for EFT Authorization

Date

4. **Payroll deduction**

If you are eligible, you may complete the payroll deduction form to the far right. Payroll deduction is available only where there is an agreement between your employer and ONA.

Dues categories

Collective bargaining services

If you work more than 64 hours per month and receive collective bargaining services, check one of the below. You also may be eligible for special reduced dues. Please see the reduced dues rate section below.

Full ONA member includes both collective bargaining and professional services

Non-ONA member fair share payer for collective bargaining services only available only under certain contracts with a fair share or agency shop agreement.

Professional member only rate

Check box if you work more than 64 hours and are not eligible for collective bargaining services. Please check any of the reduced rate categories below that may also apply to you.

Special reduced dues rate for full membership

If one of these categories applies to you, please check that category for a reduction in full ONA membership total dues as noted in percentages.

Work 64 hours or less a month (50 percent)
 RN who is full-time student (50 percent). **Attach proof of full-time enrollment.**

Graduate of basic nursing programs within six months after licensure for first year of membership only. (50 percent). **Attach copy of license.**

Graduate of advance practice nursing programs within six months following graduation. (50 percent)
Graduation: Month _____ Year _____
Attach copy of diploma or transcript.

62 years old or older and earning no more than social security allows. (50 percent)

Not employed (50 percent)

62 years old or older and not employed (25 percent)

Disabled, not employed (25 percent)

70 years old or older, not employed (10 percent)

I verify the above information.

Signature

Date

Referred by: Name of nurse to receive credit. Please print.

Note: Dues may be tax deductible as a business expense. Check with your accountant. Membership includes ONA, ANA, local ONA District, Oregon Nurse Political Action Committee (ON-PAC), Nurses United Political Action Committee (NU-PAC), AFL-CIO (collective bargaining only), and bargaining unit assessment where applicable.

Please send a letter to ONA if you do not wish a portion of your dues to go to ON-PAC and/or to NU-PAC and instead direct ONA deposit that amount in the ONA general fund.

ONA payroll deduction authorization

If you are selecting the payroll deduction method of paying dues, this section must be completed.

I hereby authorize my employer

Please print employer's name

to deduct an amount as certified by the Oregon Nurses Association as the current amount of the ONA dues from my earnings each year, according to the employer's payroll deduction period, beginning with the next payroll period. This money is authorized in payment for one of the following:

Select one:

Oregon Nurses Association member

Fair share payer (Non-ONA member status)

This authorization and assignment shall be irrevocable for the term of the applicable contract between the Oregon Nurses Association and my employer or for one year, whichever is the lesser, and shall automatically renew itself for successive yearly or applicable contract periods.

The deductions, authorized above, shall be forwarded to the Oregon Nurses Association.

Signature of employee

Date

Social security number

Note: ONA members and fair share payers shall be considered delinquent and rights shall be forfeited upon failure to pay dues or fees as required by current policy. No monies shall be refunded nor additional monies collected when a change of dues category is made within a membership year.

ONA District for full members only

Use the reverse side information in _____
determining your District. ONA District # _____

Office use only

Dues amount _____ Employer code _____

Pay type _____

Date _____ Approved by _____

Mail completed application form to:

Oregon Nurses Association
18765 SW Boones Ferry Road, Suite 200
Tualatin, OR 97062

Questions? Call 503.293.0011, ext. 305; or 1.800.634.3552 or e-mail johnson@oregonrn.org

ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904

Oregon Nurses Association Districts

(To determine your ONA District, it is recommended that you select the county where you work or live.)

<u>Employer</u>	<u>County</u>	<u>Select one: ONA District</u>
American Red Cross	Multnomah, Washington, Clackamas	1, 24, or 26
Bay Area Hospital	Coos	10
Benton County Health Department	Benton	6
Bess Kaiser Foundation	Multnomah, Washington, Clackamas	1, 24, 26, or BK 51
Cascade Health Solutions	Lane	5
Clatsop County Health Department	Clatsop	9
Columbia Memorial Hospital	Clatsop, Tillamook	9
Coos County Health Department	Coos	10
Coquille Valley Hospital	Coos, Curry	10
Eastern Oregon Hospital; Training & Psychiatric	Umatilla	7
Good Samaritan Hospital / Home Health	Benton	6
Good Shepherd Hospital	Morrow	50
Grande Ronde Hospital	Union, Wallowa	13
Harney District Hospital	Harney	22
Holy Rosary Medical Center	Malheur	20
Klamath County Health Department	Klamath	8
Lake District Hospital	Lake	50
Legacy Visiting Nurse Association	Multnomah, Washington, Clackamas	1, 24, 26
Marion County Health Department	Marion, Polk	3
McKenzie-Willamette Memorial	Lane	5
Mercy Medical Center	Douglas	50
Merle West Medical Center	Klamath	8
Mid-Columbia Medical Center	Wasco, Sherman	2
Multnomah County Health Department	Multnomah, Washington, Clackamas	1, 24, 26
Option Care	Multnomah	1
Oregon Health Sciences University	Multnomah, Washington, Clackamas	1, 24, 26, or AURN 52
Peace Harbor Hospital	Lane	5
Providence Hood River Memorial Hospital	Hood River	50
Providence Portland Medical Center	Multnomah, Washington, Clackamas	1, 24, 26
Providence St. Vincent Medical Center	Multnomah, Washington, Clackamas	1, 24, 26
Providence Seaside Hospital	Clatsop	9
Rogue Valley Medical Center	Jackson, Josephine	4
Sacred Heart Medical Center/Home Health	Lane	5
Samaritan Albany General Hospital	Linn	23
Samaritan Lebanon Community Hospital	Linn	23
Samaritan Pacific Communities Hospital	Lincoln	19
Silverton Hospital	Marion, Polk	3
State Operated Community Group Homes	Marion, Multnomah	3 or 1
St. Anthony Hospital	Umatilla	7
St. Charles Medical Center Bend	Crook, Deschutes, Jefferson	14
St. Charles Redmond (formerly CODH)	Deschutes, Crook, Jefferson	14
St. Elizabeth Community Hospital	Baker	12
Tuality Community Hospital	Washington	24
Washington County Health Department	Washington	24
Willamette Falls Hospital	Clackamas	26

<u>District #</u>	<u>County</u>
1	Multnomah, Columbia
2	Wasco, Sherman
3	Marion, Polk
4	Jackson, Josephine
5	Lane
6	Benton
7	Umatilla (eastern half)
8	Klamath
9	Clatsop
10	Coos
12	Baker
13	Union
14	Deschutes, Crook, Jefferson
19	Lincoln
20	Malheur
22	Harney
23	Linn
24	Washington
26	Clackamas
50	See map below
51	Bess Kaiser
52	AURN

