

<b>Title:</b>	<b>Membership Controller</b>
<b>Department:</b>	<b>Membership</b>
<b>Reports to:</b>	<b>CMO</b>
<b>Collective Bargaining Status:</b>	
<b>Employee Status:</b>	<b>Union</b>
<b>Pay:</b>	<b>Hourly</b>
<b>Last Revised:</b>	<b>March 14, 2016</b>

## Purpose

The Membership Services Controller is responsible to carry out all functions of complete ONA membership process.

## Essential Functions

### Membership Billing

- Develops and finalizes a variety of letters and mailings to new and existing members.
- Proofreads and prints documents and prepares them for mailing.
- Adheres to strict deadlines.
- Processes new member applications and payments.
- Processes existing member payments.
- Enters and maintains member information in the membership database.
- Processes dues payments in the form of payroll deductions, electronic dues payments and credit card payments.
- Works with member employers to set up appropriate payroll deductions and processes.
- Sends correspondence to delinquent members.
- Prepares and distributes monthly reports including: cash report for local units, membership report, adds list, deletes list, pay type summary report, monthly update report and demographic report.
- Monitors and updates member status in the database to make sure members are charged appropriate dues.
- Exports membership information from database and uploads it to the American Nurses Association monthly.
- Provides timely phone and email support to members in regards to their dues or other billing related issues.

- Coordinates with other membership staff members to assure accurate and timely workflow.
- Provides staff and ONA leadership with various reports upon request.
- Makes collection calls to members and establish payment options.
- Processes convention registration payments and prepares the name badges, ribbons and tickets.

#### **Other Duties as Assigned**

- Participates in staff meetings and other required meetings and seminars.
- Attends as a staff member and performs assigned duties at the biennial convention.
- Takes ownership of assigned responsibilities and work product.
- Submits time electronically on a weekly basis.
- Submits credit card statements, if necessary, by the deadlines established.
- Respects computer and laptop service requests and responds timely when action is required.
- Provides information on the intranet calendar when out of the office.
- Maintains documents in a format that makes them readily accessible to other staff in accordance with office policy.
- Assures that all marketing and public relations communications intended for public release are to be reviewed by the Director of Communications.
- The statements contained herein describe the scope of the responsibility and essential functions of this position, but should not be considered to be an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other areas to cover absences or relief to equalize peak work periods or otherwise balance the workload.
- Other duties as assigned by ONA leadership

#### **Typical Physical Requirements**

- Regularly uses a telephone and e-mail system for communication.
- The person in this position frequently communicates with coworkers and Association contacts that have inquiries. Must be able to exchange accurate information in these situations.
- The person in this position needs to occasionally move about inside the office to access file cabinets, office machinery, etc.
- The person in this position frequently operates a computer and other office productivity machinery, such as a calculator, copy machine, and computer printer.
- This person must be able to drive.
- Light work – Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently, and or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for light work.

#### **Employment Standards**

##### **Knowledge of:**

- Effective oral and written communication skills.
- Good interpersonal skills.
- Good work habits.
- Billing processes and procedures.

##### **Skill in:**

- Administrative support skills.
- Microsoft Office – Excel, Word and Outlook.
- Membership databases.
- High level of attention to detail.
- Exceptional Customer service.
- Dealing effectively and politely with conflict or disgruntled people.
- Mathematical skills.

### **Ability to:**

Demonstrate a helpful, accepting attitude towards members and others.

- Relate to and establish rapport with all types of people.
- Prioritize and manage multiple projects simultaneously.
- Work with individuals and groups.
- Take ownership for work product.
- Solve problems and troubleshoot.
- Learn new things.
- Be aware of and meet strict deadlines.
- Travel occasionally.

Additional knowledge, skills and abilities may be required to perform additional tasks specific to work or special assignments.

### **Desirable Education and Experience**

**Any combination of education and experience, which would likely produce the necessary knowledge and abilities, is qualifying.**

- Five years experience providing bookkeeping or membership billing, clerical or administrative support, using basic computer software programs including membership databases, or relevant education.
- Current Ohio driver's license.
- Maintain eligibility for auto insurability through ONA's carrier.
- If registered nurse, member of ONA or another SNA.

### **Work Environment**

The work environment involves everyday risks or discomforts which require normal safety precautions typical of such office environments. Observance of all safety rules and guidelines is imperative and expected at all times. The employee may be exposed to chemical compounds found in an office environment.

### **Employee Signature**

***I have read the above job description and understand its contents. I understand that the information contained herein is not intended to be an exhaustive list of all responsibilities, duties and qualifications required of in performing the job.***



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for Professional Nursing In Ohio**

**Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**