

CHIO NURSES An equal opportunity and attirmative action organization • ONA dues are nonretundable • Member of the American Nurses Association

2019 APPLICATION FOR MEMBERSHIP

COLLECTIVE BARGAINING

					X X X – X X -
Last Name		First Name	MI	Degrees	Last 4 of Social Security No.
Street Address			City, State and	Zip	County
() Home Phone	() Cell Phone	· · · · · · · · · · · · · · · · · · ·	Home Email		
Work Phone	Work Fax		Work Email		
COSHOCTON CO. ME Employer	EMORIAL HOSPITAL	<mark>, COSHOCTON O</mark> I	Emp ID #	// Barg. Unit Hire Date	US Citizen? ()Yes ()No
RN License Number	License State	Basic School of	f Nursing	Date of Birth	Grad. Mo/Yr (basic program)
employer. I wish to hav SELECT PAYME \$25.00 fee for returned () Annual Paymen	ve my dues collected ENT PLAN I checks	through the followin	g mechanism:		ons of employment with my
			/		
Visa / Master	Card / Discover		Exp Date	Signature	
() Electronic Due account. Sign author					your checking or savings
payments via AC fee of 33 cents. (authorization upo	CH on or after the 15 th day ONA is authorized to chan	of each month from my ge the amount by giving n notification of termina	checking or savings acc the undersigned thirty (NA): This is to authorize ONA to count. I understand this amount 30) days notice. The undersigned or to the deduction date as designed to the deduction date as designed. 	includes a monthly service ed may cancel this

Signature for EDPP Authorization ______ Rtg# _____ Acct# _____

(__) **Payroll Deduction** – I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to ONA an amount equal to the regular monthly dues uniformly applicable to members of ONA.

Signature

Date

Employee Hire Date

One dollar (\$1.00) per month of your dues goes to an account set up to support ONA's political efforts. You may choose at anytime to opt out of this dues designation. Opting out does not reduce the dues amount. If you are interested in opting out, please contact the Director of Health Policy at 614/237-5414.

Payment plan option can only be changed during December 1st thru December 31st. If you have questions please contact the Membership Department at support@ohnurses.org.

Ohio Nurses Association Membership Assessments and Dues Rates

Check below to determine your district. ONA Bylaws state that you must live or work in your district. Indicate choice if you live in one district and work in another.

District Name and Counties

- 03 District Three: Columbiana, Mahoning, Trumbull
- 10 District Ten: Butler, Champaign, Clark, Darke, Greene, Mercer, Miami, Montgomery, Preble, Shelby
- 17 East Central: Harrison, Jefferson, Tuscarawas
- 07 Erie-Huron: Erie, Huron
- 16 Greater Cleveland: Cuyahoga, Geauga
- 18 Knox-Licking: Knox, Licking
- 19 Lake County: Lake
- 12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union
- 05 Mohican: Ashland, Crawford, Marion, Morrow, Richland
- **28** Muskingum Valley: Coshocton, Guernsey, Morgan, Muskingum, Noble, Perry
- 35 Northwest Ohio: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, Wood
- 15 Southern Ohio: Adams, Athens, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton
- 08 Southwestern Ohio: Brown, Clermont, Clinton, Hamilton, Warren
- 33 Stark Carroll: Carroll, Stark
- 34 Summit and Portage: Portage, Summit

13 West Central Ohio: Allen, Auglaize, Hancock, Hardin, Paulding, Putnam, Van Wert, Wyandot

37 At Large District: Ashtabula, Belmont, Eastern Valley, Holmes, Lorain, Medina, Monroe, Washington, Wayne and members who do not live or work in the state of Ohio.

COSHOCTON COUNTY MEMORIAL HOSPITAL - COLLECTIVE BARGAINING MEMBER RATES

EDPP PAYMENT PLAN

Collective bargaining membership assessments and dues include the National, State, District, AFT, AFL-CIO, and Local Unit fees.

Coshocton County Memorial Hospital	Full Rate	50% Rate FIRST TIME MEMBERS ONLY
District Number	EDPP	EDPP
03	75.69	44.84
05	66.51	40.25
07, 15, 17, 19	65.68	39.83
08	67.40	40.69
10	69.22	41.60
12	69.01	41.50
13	65.93	39.96
16	75.18	44.58
18	66.10	40.04
<mark>28</mark>	65.35	39.67
33	69.39	41.69
34	69.68	41.83
35	68.60	41.29
37	65.85	39.92

PAYROLL DEDUCTION RATES

Rates include the National, State, District, AFT, AFL-CIO and Local Unit fees.

Coshocton County Memorial Hospital	Full Rate	50% Rate
District Number	Monthly Payroll Ded	Monthly Payroll Ded
28	\$68.01	\$42.33