



3760 Ridge Mill Drive Hilliard, Ohio 43026
614/237-5414 • 800/430-0056 • www.ohnurses.org

An equal opportunity and affirmative action organization • ONA dues are nonrefundable • Member of the American Nurses Association

2019 APPLICATION FOR MEMBERSHIP

COLLECTIVE BARGAINING

Last Name First Name MI Degrees XXX-XX-
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

HOXWORTH BLOOD CENTER, CINCINNATI, OH _____ / ____ / ____ US Citizen? ()Yes ()No
Employer Emp ID # Barg. Unit Hire Date

RN License Number License State Basic School of Nursing Date of Birth Grad. Mo/Yr (basic program)

MEMBERSHIP AUTHORIZATION & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM

MEMBERSHIP AUTHORIZATION: YES, I want to join with my colleagues and become a member of the Ohio Nurses Association (ONA), AFT, AFL-CIO. I hereby request and voluntarily accept membership in ONA and I agree to abide by its Constitution and Bylaws. I authorize ONA to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer. I wish to have my dues collected through the following mechanism:

SELECT PAYMENT PLAN

\$25.00 fee for returned checks

() **Annual Payment – FULL RATE ONLY-** please enter credit card info below

Visa / MasterCard / Discover Exp Date Signature

() **Electronic Dues Payment Plan (EDPP)** – Monthly payments will be deducted via ACH from your checking or savings account. Sign authorization below and fill in your routing and account number.

AUTHORIZATION to provide monthly electronic payments to Ohio Nurses Association (ONA): This is to authorize ONA to withdraw monthly dues payments via ACH on or after the 15th day of each month from my checking or savings account. I understand this amount includes a monthly service fee of 33 cents. ONA is authorized to change the amount by giving the undersigned thirty (30) days notice. The undersigned may cancel this authorization upon receipt by ONA of written notification of termination twenty (20) days prior to the deduction date as designated above. ONA will charge a \$15.00 fee for any returned drafts.

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.

This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice via U.S. Mail to both the employer and ONA the period not less than thirty (30) days and not more than forty-five (45) days before the annual anniversary date of this agreement, or the date of termination of the applicable contract between the employer and ONA, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year unless I revoke it in writing during the window period, even if I have resigned my membership in 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

1/23/2019

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.

HOXWORTH BLOOD CENTER - 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.

Hoxworth Blood Center, UCMC	Full Rate	50% Rate FIRST TIME MEMBERS ONLY
District Number	EDPP	EDPP
03	71.69	40.84
05	62.51	36.25
07, 15, 17, 19	61.68	35.83
08	63.40	36.69
10	65.22	37.60
12	65.01	37.50
13	61.93	35.96
16	71.18	40.58
18	62.10	36.04
28	61.35	35.67
33	65.39	37.69
34	65.68	37.83
35	64.60	37.29
37	61.85	35.92

PAYROLL DEDUCTION RATES

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

Hoxworth Blood Center, UCMC	Full Rate
District Number	Monthly Payroll Ded
08	\$66.07