



ILLINOIS NURSES ASSOCIATION MEMBERSHIP APPLICATION/CITY OF CHICAGO

APPLICANT INFORMATION			
Name: (Last, First, MI)			
Current address:			
City:	State:	ZIP Code:	
Email:	Home Phone:		
Current employer: CITY OF CHICAGO			
Nursing Unit:		Work Email:	
<input type="checkbox"/>	FORMER MEMBER (YR) _____	<input type="checkbox"/>	NEW MEMBER

DUES RATES (24 PAY PERIODS)					
	CIRCLE THE AMOUNT THAT APPLIES TO YOU	RATE	CODE	WITH PAC*	CODE
	FULL MEMBERSHIP	29.89	20	30.93	U0
	FAIRSHARE (NON-MEMBERSHIP)	29.89	B0		N0

Your annual membership dues include a voluntary INA PAC assessment unless you indicate otherwise here
 I do not wish to give \$25.00 to the INA PAC.

DUES DEDUCTION AUTHORIZATION / CITY OF CHICAGO	
Name:	Star or Badge:
Address:	Zip Code:
hereby authorize the City of Chicago to deduct from my salary \$ _____ semi-monthly as the rate certified by the _____ to cover membership dues and fees. This deduction is to be paid to ILLINOIS NURSES ASSOCIATION . I hereby certify that this authorization is a voluntary act on my part. I am aware that this authorization can only be canceled or modified during the calendar month of December of each year and that it continues in effect at the above rate until canceled or modified by written notice to my department head.	
Signed:	Date:

TO BE COMPLETED BY THE DEPARTMENT			
Dues Code:	Payroll #:	Employee #:	Title Code #:

FOR OFFICE USE ONLY				
State: IL	District:	Employer Code: 301	Approved by:	Date:

*PAC donation helps to support your organization in the State Legislature, the State Of Illinois Executive offices and Agencies of the State where legislation is passed and administered that effects unions, nursing, and healthcare.

REV. 6.19.17

<p>INSTRUCTIONS: COMPLETE THE APPLICATION ON THE REVERSE SIDE. IF YOU NEED ASSISTANCE, OR HAVE QUESTIONS, PLEASE CALL THE INA MEMBERSHIP DEPARTMENT AT 312-419-2900. WE WILL BE HAPPY TO ASSIST YOU.</p> <p>RETURN COMPLETED APPLICATION FORM TO: Illinois Nurses Association 910 W Van Buren Ste 502 Chicago, IL 60607 FAX: 1-312-896-3920</p>
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