



**ILLINOIS NURSES ASSOCIATION
MEMBERSHIP APPLICATION/UNION HEALTH SERVICES**

APPLICANT INFORMATION		
Name: (Last, First, MI)		
Current address:		
City:	State:	ZIP Code:
Email:	Home Phone:	
Current employer: UNION HEALTH SERVICES (303)		
Nursing Unit:	Work Email:	
<input type="checkbox"/> FORMER MEMBER (YR) _____	<input type="checkbox"/> NEW MEMBER	Year Of Birth:
Illinois Nurses Association PAYROLL DEDUCTION AUTHORIZATION		
<p>I, _____, hereby authorize UNION HEALTH SERVICE to deduct from my pay the membership dues for the Illinois Nurses Association in the amount of \$_____ on a monthly basis.</p> <p>The amount of this deduction is subject to change with written notice 30 days in advance by the Illinois Nurses Association. This authorization may be removed by me by notifying INA in writing. The employer is providing payroll deduction as a service to the employees.</p>		
Signature of Employee:		
Date:		

Union Health Service Payroll Deduction Dues Schedule

Status	Rate
Full Dues	59.78
Dues + PAC	61.86
Fairshare/LPN	59.78

"While membership dues are not deductible as charitable contributions for tax purposes, they may be deductible under other provisions of the Internal Revenue Code. "
A copy of our PAC report is available for purchase from the State Board of Elections in Springfield, Illinois.

**RETURN COMPLETED APPLICATION FORM TO: Illinois Nurses Association
 910 W Van Buren Ste 502
 Chicago, IL 60607
 FAX: 1-312-896-3920**