



ILLINOIS NURSES ASSOCIATION MEMBERSHIP APPLICATION/ST JOSEPH MEDICAL CENTER

APPLICANT INFORMATION		
Name: (Last, First, MI)		
Current address:		
City:	State:	ZIP Code:
Email:	Home Phone:	
Current employer: ST JOSEPH MEDICALCENTER (240)		
Employer address: 333 N. Madison, Joliet, IL 60436		
Nursing Unit:	Job Position:	
Cell Phone:		
<input type="checkbox"/> FORMER MEMBER (YR) _____	<input type="checkbox"/> NEW MEMBER	
2017 PAYROLL DEDUCTION DUES SCHEDULE (PLEASE CIRCLE CHOICE)		
Full Dues Without PAC	FULL DUES (plus \$25 PAC donation)	Fair share
\$27.59	\$28.55	\$27.59
VOLUNTARY DUES DEDUCTION WAGE ASSIGNMENT		
<p>*A PAC donation helps to support your organization in 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. This check off authorization and Agreement shall be irrevocable for a period of one year from the date of execution or until the termination date of the agreement between the Employer and INA, whichever occurs sooner, and from year to year thereafter, unless not less than (10) days and not more than (20) days prior to the end of any subsequent yearly period. I give the Employer INA individually written notice by certified mail, of revocation bearing my signature thereto. INA is authorized to deposit this authorization with any Employer under contract with INA and is further authorized to transfer this authorization to any other Employer with INA in the event that I should change employment. This authorization shall likewise be fully enforceable and effective in the event I leave employment with any employer under INA contract and at a later time re-obtain employment with that same employer or any other Employer under INA contract, regardless of the length of time between termination and reemployment.</p>		
Signature of Employee:		
Name: (Print)		
Your annual membership dues include a voluntary INA PAC assessment unless you indicate otherwise here <input type="checkbox"/> I do not wish to give \$25.00 to the INA PAC.		

"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.

INSTRUCTIONS:

PLEASE FAX COMPLETED APPLICATION TO 312-896-3920 IF YOU NEED ASSISTANCE, OR HAVE QUESTIONS, PLEASE CALL THE INA MEMBERSHIP DEPARTMENT AT 312-419-2900 Ext 243. WE WILL BE HAPPY TO ASSIST YOU.

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