

All membership applications are to be faxed to the membership department at 312-896-3920.



Illinois Nurses Association Membership Application/University of Illinois

Full bargaining unit member Dues (INCLUDES MEMBERSHIP IN THE ILLINOIS NURSES ASSOCIATION)			
Applicant Information			
Name: (Last, First, MI)			
Current address:			
City:	State:	ZIP Code:	
Email:	Cell Phone:		
Current employer: UNIVERSITY OF ILLINOIS <input type="checkbox"/> MEDICAL CENTER <input type="checkbox"/> UNIVERSITY			
Nursing Unit:		Facility Location:	
<input type="checkbox"/>	FORMER MEMBER (YR) _____	<input type="checkbox"/>	NEW MEMBER
State of Licensure:		RN license #:	
UIN #			
PAYROLL DEDUCTION AUTHORIZATION / UNIVERSITY OF ILLINOIS			
I hereby authorize a deduction in the amount certified below as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.			
Deduction for ILLINOIS NURSES ASSOCIATION - Payee Code			
Name: (Last, First, MI)			
Agency:			
Circle the amount that applies to you	Regular Membership	Membership with PAC donation*	
Full rate deduction per Pay period:	30.39	31.43	
<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:		Date:	