



**ILLINOIS NURSES ASSOCIATION
MEMBERSHIP APPLICATION/RC36 STATE OF ILLINOIS**

MEMBERSHIP CATEGORIES		
FULL BARGAINING UNIT MEMBER DUES		
<input type="checkbox"/>	EMPLOYED FULL OR PART TIME	
APPLICANT INFORMATION		
Name: (Last, First, MI)		
Current address:		
City:	State:	ZIP Code:
Email:	Home Phone:	
Current employer: STATE OF ILLINOIS <i>CURRENT FACILITY:</i>		
Unit:	Work Email:	
Work Phone:	Work Fax:	
<input type="checkbox"/>	FORMER MEMBER (YR) _____	<input type="checkbox"/>
	NEW MEMBER	
PAYROLL DEDUCTION AUTHORIZATION / STATE 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 41		
Name: (Last, First, MI)		
Agency:		
Deduction per Pay period: \$ 30.39	Date:	
Signed:		

"While membership dues are not deductible as charitable contributions for tax purposes, they may be deductible under other provisions of the Internal Revenue Code. "

INSTRUCTIONS:

IF YOU NEED ASSISTANCE, OR HAVE QUESTIONS, PLEASE CALL THE INA MEMBERSHIP DEPARTMENT AT 312-419-2900. 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: 1-312-419-2920**