



3760 Ridge Mill Drive Hilliard, Ohio 43026
614/969-3800 • www.ohnurses.org

An equal opportunity and affirmative action organization • ONA dues are nonrefundable

2023 APPLICATION FOR MEMBERSHIP

COLLECTIVE BARGAINING

Last Name First Name MI Degrees X X X - X X -
Last 4 of Social Security No.

Street Address City, State and Zip County

(_____) (_____) _____
Home Phone Cell Phone Home Email

(_____) (_____) _____
Work Phone Work Fax Work Email

UNIV OF CIN MEDICAL CENTER, CINCINNATI, OH _____ /_____/_____
Employer Emp ID # Barg. Unit Hire Date US Citizen? ()Yes ()No

RN License Number License State Basic School of Nursing Date of Birth Grad. Mo/Yr (basic program)

MEMBERSHIP AUTHORIZATION & DUES DEDUCTION/CHECKOFF AUTHORIZATION FORM

MEMBERSHIP AUTHORIZATION: YES, I want to join with my colleagues and become a member of the Ohio Nurses Association (ONA), AFT, AFL-CIO. I hereby request and voluntarily accept membership in ONA and I agree to abide by its Constitution and Bylaws. I authorize ONA to act as my exclusive representative in collective bargaining over wages, benefits, and other terms and conditions of employment with my employer. I wish to have my dues collected through the following mechanism:

SELECT PAYMENT PLAN

\$25.00 fee for returned checks

Annual Payment – FULL RATE ONLY- please enter credit card info below

Visa / MasterCard / Discover / _____
Exp Date Signature

Electronic Dues Payment Plan (EDPP) – Monthly payments will be deducted via ACH from your checking or savings account. Sign authorization below and fill in your routing and account number.

AUTHORIZATION to provide monthly electronic payments to Ohio Nurses Association (ONA): This is to authorize ONA to withdraw monthly dues payments via ACH on or after the 15th day of each month from my checking or savings account. I understand this amount includes a monthly service fee of 50 cents. ONA is authorized to change the amount by giving the undersigned thirty (30) days notice. The undersigned may cancel this authorization upon receipt by ONA of written notification of termination twenty (20) days prior to the deduction date as designated above. ONA will charge a \$15.00 fee for any returned drafts.

Signature for EDPP Authorization _____ Rtg# _____ Acct# _____

Payroll Deduction – I hereby request and voluntarily authorize my employer to deduct from my earnings and to pay over to ONA an amount equal to the regular monthly dues uniformly applicable to members of ONA.

Checking this box indicates that I have read the notice for my workplace

Signature Date Employee Hire Date

One dollar (\$1.00) per month of your dues goes to an account set up to support ONA's political efforts. You may choose at anytime to opt out of this dues designation. Opting out does not reduce the dues amount. If you are interested in opting out, please contact the Director of Health Policy at 614/969-3800.

Payment plan option can only be changed during December 1st thru December 31st. If you have questions please contact the Membership Department at support@ohnurses.org.

Ohio Nurses Association Membership Assessments and Dues Rates

1/1/2023

Check below to determine your district. ONA Bylaws state that you must live or work in your district. Indicate choice if you live in one district and work in another.

District Name and Counties

03 District Three: Columbiana, Mahoning, Trumbull

08 Southwestern Ohio: Brown, Clermont, Clinton, Hamilton, Warren

10 District Ten: Butler, Champaign, Clark, Darke, Greene, Mercer, Miami, Montgomery, Preble, Shelby

12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union, Marion, Crawford, Richland, Ashland, Knox, Morrow, Licking

13 West Central Ohio: Allen, Auglaize, Hancock, Hardin, Paulding, Putnam, Van Wert, Wyandot

15 Southern Ohio: Adams, Athens, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton

16 Greater Cleveland: Cuyahoga, Geauga

17 East Central: Harrison, Jefferson, Tuscarawas

28 Muskingum Valley: Coshocton, Guernsey, Morgan, Muskingum, Noble, Perry

34 Summit and Portage: Portage, Summit, Stark, Carroll

35 Northwest Ohio: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, Wood, Erie, Huron

37 At Large District: Ashtabula, Belmont, Holmes, Lorain, Lake, Medina, Monroe, Washington, Wayne and members who do not live or work in the state of Ohio

UNIV. OF CINCINNATI MEDICAL CENTER - COLLECTIVE BARGAINING MEMBER RATES

EDPP PAYMENT PLAN

Collective bargaining membership assessments and dues include the State, District, AFT, AFL-CIO, and Local Unit fees.

University of Cincinnati Medical Center	Full Rate	50% Rate FIRST TIME MEMBERS ONLY
District Number	EDPP	EDPP
03	83.71	48.16
08	75.10	43.85
10	76.92	44.76
12	76.71	44.66
13	73.63	43.12
15,17	73.38	42.99
16	82.88	47.74
28	73.04	42.83
34	77.38	44.99
35	76.29	44.45
37	73.54	43.08

PAYROLL DEDUCTION RATES

Rates include the State, District, AFT, AFL-CIO and Local Unit fees.

University of Cincinnati Med Center	Full Rate	50% Rate
District Number	Monthly Payroll Ded	Monthly Payroll Ded
08	\$77.59	\$46.35