



2024 APPLICATION FOR STANDARD MEMBERSHIP University of Cincinnati Medical Center

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

() Yes () No
US Citizen?

_____/_____/_____
Date of Birth

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 have read the notice located on the back of this application. I wish to have my dues collected through the following mechanism:

SELECT PAYMENT PLAN

\$25.00 fee for returned checks

Annual Payment – Enclose check payable to Ohio Nurses Association. Credit card for annual payment only.

- Annual Rate: \$917.75**

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.

- Monthly Rate: \$76.98** (includes \$0.50 monthly service fee)

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. 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.

- Monthly: \$79.47** (includes \$3 monthly service fee)

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 Governmental Relations & Political Advocacy at 614/365-9000. 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.

(see back page)

NOTICE

TO ALL REGISTERED NURSES IN THE BARGAINING UNIT AT THE UNIVERSITY OF CINCINNATI MEDICAL CENTER REPRESENTED BY THE OHIO NURSES ASSOCIATION

The labor agreement between the University of Cincinnati Medical Center and the Ohio Nurses Association requires all members of the bargaining unit to become and remain members of the Association or pay a fair share service fee to the Association. If you do not voluntarily join the Association, then you must pay the fair share service fee no later than 60 days from date of hire.

The amount of the fair share service fee is currently 79 dollars and 47 cents per pay for nurses on payroll deduction, or 917 dollars and 75 cents per year paid directly to ONA for nurses who do not choose payroll deduction. However, fair share service fee payers may elect to pay only the portion of the fair share service fee that is reasonably related to collective bargaining or activities undertaken to advance the employment-related interests of nurses represented by ONA. Based upon the last three years of ONA financial audit reports, ONA has determined that the portion of the ONA fair share service fee that is likely chargeable to nonmembers under applicable law for 2024 is 76.66% of dues. Based upon the last three years of its national affiliate the American Federation of Teachers' financial audit reports, ONA has determined that the portion of the fair share service fee attributable to AFT that is likely chargeable to nonmembers under applicable law for 2024 is 64.14% of dues.

ONA has adopted an internal procedure for an advance reduction or rebate of the fair share service fee to those fair share service fee payors who timely object to payment of the fair share service fee, as explained in III.B and C of the Union Security Notice. Upon completion of the annual audit of the Association's expenditures all fair share service fee payers will be (1) notified by the Association of the portion of the service fee that is allocable to the work of the Association in the realm of collective bargaining and 2) provided with a copy of the internal rebate procedure.

Contact the ONA Membership Services Department in writing at 3510 Snouffer Road, Columbus, Ohio 43235 to become a fair share fee payer and/or to obtain a copy of the Union Security Notice, including the internal rebate procedure, referenced above. A nurse who holds a non-bargaining unit position who then decides to take a bargaining unit position will promptly receive the above information as soon as ONA is informed of the transfer. Contact ONA's Membership Services Department at (614) 969-3800 if you have any questions.