CNA/NNU Headquarters, 2000 Franklin St., Oakland, CA 94612 ■ www.calnurses.org ■ www.nationalnursesunited.org
Main: 510-273-2200 ■ Facsimile: 510-433-2790 ■ Email: Membership@calnurses.org

***Please return form to: CNA/NNU Membership Department, 2000 Franklin Street, Oakland, CA 94612***

# California Nurses Association/National Nurses United

## ASSOCIATE MEMBERSHIP APPLICATION FORM -

*****Only for Nurses Not covered by a CNA/NNU Labor Contract*****

**PLEASE PRINT:**

Social Security Number | Birth date | RN License Number

Last Name | First Name | Middle Name

Home Address | City, State, Zip

Home Telephone | Home Fax | Home Email Address

Work Telephone | Work Fax | Work Email Address

Employer Name and City | Hired date | Department/Unit

***Signature Authorizes Associate Membership in CNA/NNU*** | ***Date signed***

**MONTHLY RATES:** ☐ Associate Member ($63.14/month, $757.68/annually) ☐ Retired ($5.00/month, $60/annually)

**METHOD OF PAYMENT – Choose ONLY ONE:**

☐ **EFT (Monthly Automatic Deduction from your checking account)**
Please select transfer date: ☐ 5th ☐ 15th

Electronic Funds Transfer: This is to authorize CNA/NNU to withdraw your monthly dues from my checking account each month which is designated and maintained as shown by the attached voided check. CNA/NNU is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by CNA/NNU of written notice of cancellation (20) days prior to the deduction date as designated above. ****PLEASE INCLUDE A VOIDED CHECK IN ORDER TO INITIATE YOUR CHECKING ACCOUNT TRANSFERS****

Signature authorizing EFT | Date signed

☐ **Credit Card – Monthly**
Please select transfer date: ☐ 1st ☐ 15th

Signature authorizing Credit card | Credit card number | Expiration date (Month/Year)

☐ **Checks - Monthly**