CALIFORNIA NURSES ASSOCIATION

NATIONAL NURSES ORGANIZING COMMITTEE

CNA/NNOC Headquarters ■ 2000 Franklin St. ■ Oakland, CA 94612 ■ www.calnurses.org ■ www.nnoc.net
Main # 510-273-2200, Facsimile # 510-663-1681, Email: membership@calnurses.org

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

California Nurses Association/National Nurses Organizing Committee

ASSOCIATE MEMBERSHIP APPLICATION FORM -

*****Only for Nurses Not covered by a CNA/NNOC 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/NNOC | ***Date signed***

MONTHLY RATES: ☐ Associate Member ($47.88) ☐ Retired ($23.94)

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/NNOC to withdraw your monthly dues from my checking account each month which is designated and maintained as shown by the attached voided check. CNA/NNOC 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/NNOC 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**