

APPENDIX A  
Ohio Nurses Association

Authorization for Payroll  
Deduction of Association Dues

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

I hereby authorize The Ohio State University Hospitals to deduct from my earnings such sums as the Ohio Nurses Association may certify as due and owing from me as monthly membership dues, and to promptly pay such sum to said Association. Upon notification by the Association in writing that the monthly dues have been changed, the Hospital is authorized to change my deduction accordingly.

I also authorize the Hospitals to deduct from my earnings each month such amount as is designated in writing to The Ohio State University Hospitals by the Ohio State University Nurses Organization (OSUNO) as constituting my monthly dues to OSUNO and to transmit said dues so deducted and an alphabetical list of all nurses whose dues have been deducted to the OSUNO treasurer at her home address.

It is agreed that a member of ONA who wishes to terminate her membership may do so, upon written notice to both ONA and the Hospitals during the month of October each year, and membership in the ONA shall no longer be a condition of employment for a nurse who so resigns.

See Article 2, Section 2 of the contract for Fair Share Fee explanation for non-members of ONA.

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Signature

Mail to:

Ohio Nurses Association  
4000 East Main Street  
Columbus, Ohio 43213-2983