

FNA Membership Activation Form

Florida Nurses Association / OPEIU Local 713
Rockledge Regional Medical Center



Personal Information

First Name / MI / Last Name

RN License #

Mailing Address

Phone Number

City / State / Zip

Personal Email Address ***DO NOT USE WORK EMAIL***

County

In order to received important RRMCC communications, please provide your PERSONAL email address.

Job Information

Work Address

Job Title

City / State / Zip

Unit

Work Phone Number

Shift / Hours

Payroll Deduction Authorization

I hereby authorize my employer, Rockledge Regional Medical Center, to deduct from my wages each pay period the current FNA/OPEIU Local 713 dues and process this amount through payroll deductions. Dues are to be remitted to the Florida Nurses Association.

Authorizing Signature

Date

Please return completed form by one of the following methods

Mail to Florida Nurses Association, PO Box 536985, Orlando, FL 32853-6985

Email to Leslie Homsted at FNAoffice@floridanurse.org

For questions, please call the Florida Nurses Association at 407-487-2230.



Mail

Florida Nurses Association
PO Box 536985
Orlando, FL 32853-6985



Email

Attention: Leslie Homsted
FNAoffice@floridanurse.org



Fax

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407.887.0692