



AMERICAN NURSES ASSOCIATION

AMERICAN NURSES ASSOCIATION MEMBERSHIP APPLICATION

8515 Georgia Avenue • Suite 400 • Silver Spring, MD 20910-3492 • Phone: (301) 628-5180 • Fax: (301) 628-5355

Date: ___/___/___ Date of Birth: ___/___/___

First Name/MI/Last Name

Credentials

Home Phone Number

Work Phone Number

Employer

Preferred Contact: HOME/WORK • Gender: M/F

Mailing Address

Mailing Address

City/ST/Zip

County

RN License # _____ ST _____

Union Member: YES/NO • UAN Member: YES/NO

E-mail

Employment Status: (ie. full-time nurse)

Position Title: (ie. staff nurse)

Type of Work Setting: (ie. hospital)

Practice Area: (ie. pediatrics)

Direct ANA Membership Dues = \$179 Please Check Choice of Payment

E-Pay (Monthly Electronic Payment)

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize the American Nurses Association to withdraw 1/12 of my annual dues and a monthly service fee from my account (\$15.42 per month).

Checking:

Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Credit Card:

Please complete the credit card information that follows and this credit card will be debited on or after the 1st day of each month.

Monthly Electronic Deduction Authorization Signature *SEE BELOW

Full Annual Payment

Membership Investment = \$179

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to ANA, Inc. By signing on the line, I authorize ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization Signature *SEE BELOW

Credit Card Information

Credit Card Number

Expiration: month/year

Security Code (cvv/cvc)

Authorization Signature

Printed Name

Dues Payment

\$ _____

ANA-PAC (Optional — \$20 suggested) _____

Total Dues and Contribution _____

Payment Information

Check (payable to ANA)

VISA or **MasterCard**

Fax completed application with payment to:

(301) 628-5355 (Credit Card Only)

Mail completed application with payment to:

**AMERICAN NURSES ASSOCIATION
Customer and Member Billing
P.O. Box 504345
St. Louis, MO 63150-4345**

You can always join online (Credit Card Only)

www.NursingWorld.org

Please Note — American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount. \$5.42 of the CMA member dues is for a subscription to **The American Nurse** and \$20 is for a subscription to **American Nurse Today**.

* By signing the **Monthly Electronic Deduction Authorization**, or the **Automatic Annual Credit Card Payment Authorization**, you are authorizing ANA to change the amount by giving the abovesigned thirty (30) days advance written notice. Abovesigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts or chargebacks.