

ANA/NJSNA Membership Activation Form



For assistance with your membership application, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Essential Information

First Name/MI/Last Name

Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number

Check preference: Home Work

City/State/Zip

Email address

County

Professional Information

Employer

Current Postition Title: (ie: full-time nurse)

Type of Work Setting: (ie: hospital)

Required: What is your primary role in nursing (position description)?

Practice Area: (ie: pediatrics)

Clinical Nurse/Staff Nurse

Nurse Manager/Nurse Executive (including Director/CNO)

Nurse Educator or Professor

Not currently working in nursing

Advanced Practice Registered Nurse (NP, CNS, CRNA)

Other nursing position

Credit Card Information Visa Mastercard AMEX Discover

Credit Card Number

Expiration Date (MM/YY)

Authorization Signature

Printed Name

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.

Authorization Signatures

Monthly Electronic Deduction | Payment Authorization Signature*

Automatic Annual Credit Card | Payment Authorization Signature*

*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed 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. ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

Membership Dues

Dual Membership Monthly = \$27.17 Annual = \$324

Retired/Disabled Nurse Monthly = \$7.25 Annual = \$81

Reduced Membership Monthly = \$14.00 Annual = \$162

- New Graduate (within one year of graduating from nursing school)
- RN Full-time Student
- 62 years of age or older not earning more than Social Security allows
- Not Employed

Dues\$

ANA-PAC Contribution (optional)\$

American Nurses Foundation Contribution\$
(optional)

Total Dues and Contributions\$

**Go to JoinANA.org to become a member
and use the code: **CANANJ2015****

Fax

Completed application with credit card
payment to (301) 628-5355

Web

Join instantly online.
Visit us at JoinANA.org

Mail

ANA Customer & Member Billing
PO Box 504345
St. Louis, MO 63150-4345