WEB_14

MEMBERSHIP APPLICATION

energizing experiences.
empowering insight.
essential resources.

GNA GEORGIA NURSES ASSOCIATION

MEMBER DATA

NAME_____ RN LICENSE #_____ BIRTHDATE_____

HOME ADDRESS_____ CITY, STATE, ZIP_____

COUNTY_____ HOME PHONE_____ ALT. PHONE_____

EMAIL_____ DESIRED GNA CHAPTER_____

EMPLOYER_____ SCHOOL OF NURSING_____

Please circle ONE of the following options for each question.

Gender: Male Female Age Group: 20-29 30-39 40-49 50-59 60-69 70 and older

Job Function: Staff Nurse Manager/ Administration APRN Licensed RN Student
New Graduate Educator/ Research Other_____

YOUR MEMBERSHIP (Choose ONE membership option that best describes you!)

☐ **GNA STATE-ONLY MEMBERSHIP**
($185 annual/$15.92 monthly EDPP*)
The most cost effective way to join GNA!

☐ **Full GNA/ANA Membership**
($325 annual/$27.59 monthly EDPP*)
Employed, full or part time

Special Rates - New Grad/RN Student

☐ •New Graduate ($162.50 annual/$14.04 monthly EDPP*) initial year of membership

☐ •Licensed RN Student ($85 annual/$7.59 monthly EDPP*) Currently enrolled, actively pursuing RN-BSN, Masters or Doctorate, initial year of membership

Senior Discount Rates

☐ •62 or over, employed ($162.50 annual/$14.04 monthly EDPP*)

☐ •62 or over, retired ($81.25 annual/$7.27 monthly EDPP*)

GNA GEORGIA NURSES ASSOCIATION

MAIL APPLICATION AND PAYMENT TO:
GEORGIA NURSES ASSOCIATION
3032 Briarcliff Road NE, Atlanta, GA 30329
FAX: 404-325-0407

FOR INQUIRIES:
P: 404-325-5536
E: gna@georgianurses.org
www.georgianurses.org

GNF GEORGIA NURSES FOUNDATION

PAYMENT OPTION (Check the box or circle for the desired payment option.)

☐ Annual payment by check: Please enclose check in the amount of annual membership total with application.

☐ Monthly Electronic Dues Payment Plan (EDPP) through checking account: **Please read, sign the authorization below and enclose a check** for the 1st month EDPP payment. Subsequent payments will be debited from your account.

AUTHORIZATION to provide monthly electronic payments to ANA: I hereby authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to the deduction date as designated above. ANA charges an annual fee for members paying by EDPP. ANA charges a $5.00 fee for any return drafts.

_____
Signature for EDPP Authorization

☐ Payment by Credit Card: (MC or Visa) ○ Monthly Charge to Card ○ Annual Charge to Card

_____ _____
Card number & expiration date Signature

TO BE COMPLETED BY GNA/ANA

State_____ Approved By_____ Date_____ Exp. Month/ Year_____ Amt. Enclosed $_____ Check #_____ Chapter _____