

ANA/TNA Membership Application



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	Date of Birth	Gender: Male/Female
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Phone Number	Check preference: <input type="checkbox"/> Home <input type="checkbox"/> Work
City/State/Zip	Email address	
County		

Professional Information

Employer	Current Employment Status: (ie: full-time nurse)	
Type of Work Setting: (ie: hospital)	Current Position Title: (ie: staff nurse)	
Practice Area: (ie: pediatrics)	RN License #	State

Ways to Pay

Monthly Payment - \$15

- Checking Account *Attach check for first month's payment.*
 Credit Card

Annual Payment - \$174

- Check *If paying by credit card, would you like us to auto bill you annually?* Yes
 Credit Card

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

- Monthly = \$15 **OR** Annually = \$174

Dues:\$
ANA-PAC Contribution (optional).....\$
American Nurses Foundation Contribution\$ (optional)
Total Dues and Contributions.....\$

Credit Card Information

- Visa Mastercard

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.

Go to www.joinana.org to become a member and use the code: **TNA2013**

Fax

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

Web

Join instantly online. Visit us at www.joinana.org

Mail

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