

American Nurses Association Membership Activation Form



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: Home Work

City/State/Zip

Email address

County

Current Employment Status: (eg: full-time nurse)

Professional Information

Employer

Current Position Title: (eg: staff nurse)

Type of Work Setting: (eg: hospital)

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

- 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

Practice Area: (eg: pediatrics)

Ways to Pay

Annual Payment

Standard Membership (\$183.00): Check Credit Card

Premier Membership (\$294.00): Check Credit Card

Monthly Payment

Standard Membership: \$15.75 Premier Membership: \$25.00

Checking Account Attach check for first month's payment

Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

Credit Card

Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Monthly Electronic Deduction | Payment Authorization Signature

I understand that I may cancel this authorization by providing ANA written notice seven (7) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

Please note: \$49 of your membership dues is for a subscription to *American Nurse Today*. 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 your State Nurses Association for the correct amount.

Membership Dues

Standard Membership (Price reduced to \$15.75 monthly/ \$183 annually)

Premier Membership (\$25.00 monthly/ \$294 annually)

Dues: \$

American Nurses Foundation Contribution \$

Total Dues and Contributions..... \$ (optional)

Credit Card Information Visa Mastercard AMEX Discover

Credit Card Number

Expiration Date (MM/YY)

Authorization Signature

Printed Name

Credit Card Billing Address

City, State

Zip

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 284-2378 or e-mail us at memberinfo@ana.org



Online
Join instantly at
JoinANA.org



Mail
PO Box 7411525
Chicago, IL 60674-1525



Phone
1 (800) 284-2378



Fax
(301) 628-5355