

Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104
Telephone: 334-262-8321
FAX: 334-262-8578
Email: memberasna@bellsouth.net

Individual Affiliate – Non RN Member Only

___ New Application ___ Renewal

Name: _____

Address: _____

City State Zip SSN (Last 4 Only): _____

County: _____ Credentials: _____ ABN License # _____

Home Phone: _____ Work Phone: _____ (Ext)

E-mail Address _____ Cell Phone: _____

Employment Status: ___ F/T ___ P/T ___ Unemployed ___ Retired Employer: _____

Employer: _____

Employer Address: _____

City State Zip

Recruited By: _____

ASNA Use Only

DIST: _____ COUN: _____

RCVD: _____ EXP: _____

\$ ENC: _____ CH #: _____

Dues Options

Visa/Master/Debit Card Payment Option

Visa/Master/Debit Card #: _____

Exp. Date: _____

Signature of Cardholder: _____

Individual Affiliate Dues (LPN, PA, Etc.):

___ \$95.00 Annual Payment ___ \$50.00 Semi Annual Payment

Dues Amount: _____

Tax Deductible Donation to ANF: _____

Total Enclosed: _____

Organizational and Corporate Affiliations are available. Please contact the ASNA Office at 334-262-8321 for more information.

Authorization: In order to provide Semi Annual payments to Alabama State Nurses Association (ASNA)

1. This is to authorize ASNA to withdraw 1/2 of my annual dues and any additional services fees from my checking/credit account biannually on or after the 15th day of the 7th month, which is designated and maintained as shown by the enclosed payment for the first six (6) month's payment.
2. ASNA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
3. The undersigned may cancel this authorization at renewal time upon receipt by ASNA of written notification of termination twenty (20) days prior to deduction date as designated above. ASNA will charge a \$25.00 fee for any returned drafts/checks.

Authorized Signature: _____ Date: _____

Payments to ASNA are not deductible as charitable contributions for Federal Income Tax Purposes. However, they may be deductible under other provisions of the Internal Revenue Code; check with your accountant.

Policies:

1. Affiliate privileges are initiated upon verification of membership qualification and receipt of first payment.
2. The expiration date of the affiliate year shall be the last day of the month in which you joined.
3. You may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse and a change in your expiration date.
5. Payment method/affiliate status may be changed at expiration (renewal) date only.
6. Submission of an affiliate application constitutes intent to retain affiliation for a period of 12 months. Payments are not refundable.
7. **PAYMENTS MUST ACCOMPANY APPLICATION.** Please note that all Installment plans include a \$2.50 bi-annual service fee. Do not add this \$5.00 to your payment; it is already built in. Make all checks or money orders payable to: ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
8. For further affiliate information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, (334) 262-8321.