

# APPLICATION FOR MEMBERSHIP



Please check One New Application \_\_\_ Renewal \_\_\_ ANA ID# \_\_\_\_\_ Today's Date \_\_\_\_\_

Name – First/Middle/Last: \_\_\_\_\_

Credentials: \_\_\_\_\_ RN License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Ext) \_\_\_\_\_ Work Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Recruited By: \_\_\_\_\_ Preferred Contact: \_\_\_ Home \_\_\_ Work \_\_\_ Email

## CIRCLE YOUR MEMBERSHIP CATEGORY

M – Full Membership – Employed full or part-time

R – Reduced Membership – Not employed ~ full-time student or new graduate within six months after graduation from basic nursing education program **FIRST MEMBERSHIP YEAR ONLY**

S – Special Membership – 62 years of age or over and not employed, or totally disabled

D – Direct (Alabama State Only) /Non ANA Member

## PAYMENT PLAN (CHECK ONE BOX)

ELECTRONIC DUES DEDUCTION FROM CHECKING ACCOUNT  
M - \$24.92 Month      R - \$12.71 Month      S - \$6.61 Month      D - \$15.08 Month

## **Monthly Bank Draft/Credit Card Authorization (Please initial choice):**

Read and sign the authorization below. **Enclose a check made payable to ASNA/ANA for the first month's dues (see rates listed above).** This amount will be deducted from your checking/.credit card account each month.

\_\_\_\_\_ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **checking** account each month on or after the 15<sup>th</sup> day of each month, which is designated and maintained as shown by the enclosed check for the first month's payment.

\_\_\_\_\_ This is to authorize ANA to withdraw 1/12 of my annual dues and any additional services fees from my **credit card** account each month on or after the 1<sup>st</sup> day of each month, which is designated and maintained as shown by the enclosed payment for the first month's payment.

1. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice.
2. The undersigned may cancel this authorization at renewal time upon receipt by ANA of **written notification of termination twenty (20) days prior to deduction date** as designated above. Please note that all Bank Draft plans include a \$6.00 annual service fee. *Do not add this \$6.00 to your payment; it is already built in.* ANA will charge a \$5.00 fee for any returned drafts.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FULL ANNUAL PAYMENT  
M - \$293      R - \$146.50      S - \$73.25      D - \$175

## PAYMENT METHOD

CHECK ENCLOSED       VISA       MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payments to ASNA/ANA 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.

## **For Office Use Only:**

Date Rec'd \_\_\_\_\_ Dist # \_\_\_\_\_ County # \_\_\_\_\_ \$Enclosed \_\_\_\_\_ Method \_\_\_\_\_

Please return this completed application with your payment to **ASNA 360 North Hull St., Montgomery, AL 36104** or Fax to **334-262-8578**