

JOIN ANA TODAY!



ANA and your **state nurses association** work together to provide you with the voice you need, the professional development you want, and the recognition you deserve.

Nursing is more than what you do, it's who you are!

Membership benefits include:



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One FREE
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How to Join:



Online JoinANA.org



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



Phone 1 (800) 923-7709

ANA Membership Activation Form



Essential Information

First Name/MI/Last Name

Mailing Address Line 1

Mailing Address Line 2

City/State/Zip

County

Date of Birth

Gender: Male/Female

Credentials

Phone Number

Check preference: Home Work

Email address

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

Professional Information

Employer

Type of Work Setting: (eg: hospital)

Practice Area: (eg: pediatrics)

Current Position Title: (eg: staff nurse)

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

Ways to Pay

Monthly Payment

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.

Membership Dues

Dues:\$ _____

ANA-PAC Contribution (optional)\$ _____

American Nurses Foundation Contribution\$ _____
(optional)

Total Dues and Contributions.....\$ _____

Credit Card Information Visa Mastercard AMEX Discover

Monthly Electronic Deduction | Payment Authorization Signature

I understand that I may cancel this authorization by providing ANA written notice twenty (20) 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.

Credit Card Number

Expiration Date (MM/YY)

Authorization Signature

Printed Name

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.

Annual Payment

Check Credit Card

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org



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