



WE ❤️ NURSES!

JOIN WNA & ANA

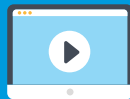
MEMBERSHIP BENEFITS INCLUDE:



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continuing education
modules



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Credentialing Center



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webinar each month



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HOW TO JOIN

MAIL

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

PHONE

1.800.923.7709

ONLINE

JoinANA.org

WNA/ANA 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: <input type="checkbox"/> Home <input type="checkbox"/> Work
_____ City/State/Zip	_____ Email address	
_____ County	_____	

Professional Information

_____ Employer	_____ Current Employment Status: (Check One)
	<input type="checkbox"/> Full Time in Nursing <input type="checkbox"/> Part Time in Nursing <input type="checkbox"/> Not Employed <input type="checkbox"/> Full Time Student <input type="checkbox"/> Disabled

Ways to Pay

Monthly Payment \$15.00

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 Required

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.

Annual Payment \$174.00

Check Credit Card

Membership Dues (Price just reduced \$15 monthly/ \$174 annually)

Dues:\$ _____

ANA-PAC Contribution (optional)\$ _____

American Nurses Foundation Contribution\$ _____ (optional)

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

Credit Card Information Visa Mastercard AMEX Discover

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.

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

 Online Join instantly at JoinANA.org	 Mail ANA Customer & Member Billing PO Box 504345 St. Louis, MO 63150-4345	 Phone 1 (800) 923-7709	 Fax (301) 628-5355
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