

ANA/New Mexico Membership Application



For other information, please contact ANA's Membership Billing Department at (800) 923-7709 or email us at memberinfo@ana.org.

Essential Information:

First Name/MI/Last Name	Date of Birth	Gender: Male/Female
Mailing Address Line 1	Credentials	
Mailing Address Line 2	Home Phone	Mobile Phone
City/State/Zip	Email Address	

How did you hear about ANA? Colleague Mail Magazine Online Other: _____

Professional Information:

Employer	Current Employment Status: (e.g. full-time, part-time, per diem, retired)
Type of Work Setting: (e.g. hospital, clinic, school)	Current Position Title: (e.g. staff nurse, manager, educator, APRN)
Practice Area: (e.g. pediatrics, education, administration)	RN License # State

Ways to Pay:

Monthly Payment

- Checking Account *Attach check for first month's payment. Please make checks payable to ANA.*
- Credit Card

Annual Payment

- Check
- Credit Card *If paying by credit card, would you like us to auto bill you annually? Yes*

Authorization Signatures:

Monthly Electronic Deduction | Payment Authorization Signature*

Automatic Annual Credit Card | Payment Authorization Signature*

*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts. ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

Go to www.JoinANA.org to become a member and use the code: NMX14

Membership Dues:

	Yearly	Monthly
<input type="checkbox"/> Joint Membership	\$238.00	\$20.34
<input type="checkbox"/> Reduced 50% reduction in membership fees	\$113.00	\$9.92
<input type="checkbox"/> Not employed <input type="checkbox"/> Full Time Student		
<input type="checkbox"/> New licensee within 6 months of first licensure		
<input type="checkbox"/> 62 y/o and not earning more than social security allows		
<input type="checkbox"/> Special—75% reduction in membership fees	\$56.50	\$5.21
<input type="checkbox"/> > 62 y/o and not employed or <input type="checkbox"/> Totally disabled		
Dues	\$	
ANA-PAC Contribution (optional)	\$	
American Nurses Foundation Contribution	\$	
(optional)		
Total Dues and Contributions	\$	

*Nurses must already hold an RN license before becoming members of ANA

Credit Card Information:

- Visa Mastercard

Credit Card Number Expiration Date (MM/YY)

Authorization Signature

Printed Name

Please Note — 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 ANA for the correct amount.

Web

Join instantly online
Visit us at www.JoinANA.org

Mail

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

Fax

Completed application with credit card payment to **(301) 628-5355**