ANA\C Application Form

Last Name/First Name/Middle Initial

Credentials

Home Address

Home Address

City/State

Country

Employer Name

Employer Address

Employer City/State/Zip Code

E-mail

Social Security Number

Home Phone Number

Work Phone Number

Home Fax Number

Work Fax Number

Zip Code

County

Basic School of Nursing

Graduation (Month/Year)

RN License Number

License State

Referred By:

MEMBERSHIP DUES VARY BY STATE

Membership Category (Check one)

M **Full Membership Dues - $255.00**

- O **Employed – Full Time**
- O **Employed – Part Time**

R **Reduced Membership Dues – $127.50**

- O Not Employed
- O Full Time Student
- O Licensed new graduate from basic nursing program, within six months after graduation (first membership year only)
- O 62 years of age or over and not earning more than Social Security allows
- O Totally Disabled

Note:
$7.50 of the SNA member dues is for subscription to *The American Nurse.* A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Payment Plan (Check One)

O **Full Annual Payment**

- O Check
- O Master Card or VISA Bank Card (Available for Annual payment only)

Bank Card Number and Expiration Date

Signature for Bank Card

Mail with payment to:

American Nurses Association\California
1121 L Street
Suite 409
Sacramento, CA 95814

Payment Plan (continued)

O **Electronic Dues Payment Plan (EDPP)**

Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA)

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

Signature for EDPP Authorization

TO BE COMPLETED BY SNA

STATE DIST REG

Expiration Date____________/____________
Month Year

Employer Code ____________________

Approved by ________________ Date ___________

$____
AMOUNT ENCLOSED CHECK #

Sponsor, if applicable
____

SNA membership #
____

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