Exclusive Benefits
for all members

Professional Development & Continuing Education

American Nurse Journal subscription with 36 Free CNE courses

Community & Connections: Your Professional Home

Access to ANA online member-only communities and the ANA Mentoring Hub

Health and Well-Being

Free Craftsy subscription and Nurse Burnout Prevention Program

Advocacy and Influence

Opportunity to serve and lead on ANA boards and committees

Standard membership as low as **$15.75** per month ($1200 Value)

PLUS! Members get an exclusive discount on the newly updated *Code of Ethics for Nurses*

American Nurses Association | Missouri Nurses Association

joinana.org

The American Nurses Association/MONA 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)

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

Professional Information

Employer

Type of Work Setting: (eg: hospital)

Practice Area: (eg: pediatrics)

Ways to Pay

☐ **Annual Payment**

Standard Membership ($183.00): ☐ Check ☐ Credit Card

Premier Membership ($294.00): ☐ Check ☐ Credit Card

☐ **Monthly Payment**

☐ Standard Membership: $15.75 ☐ Premier Membership: $25.00

☐ 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

I understand that I may cancel this authorization by providing ANA written notice seven (7) 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.

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.

Membership Dues

Standard Membership (Price reduced to $15.75 monthly/ $183 annually)
Premier Membership ($25.00 monthly/ $294 annually)

Dues: .....$

American Nurses Foundation Contribution .....$

Total Dues and Contributions .....$
(optional)

Credit Card Information ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number

Expiration Date (MM/YY)

Authorization Signature

Printed Name

Credit Card Billing Address

City, State

Zip

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 284-2378 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 63166-9800

Phone
1 (800) 284-2378

Fax
(301) 628-5355