



# empowering NURSES

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# DNA/ANA Membership Activation Form



## Essential Information

First Name/MI/Last Name

Mailing Address Line 1

Mailing Address Line 2

City/State/Zip

County

## Professional Information

Employer

Type of Work Setting: (eg: hospital)

Practice Area: (eg: pediatrics)

## 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

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.

### Annual Payment \$174.00

Check

Credit Card

**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) 284-2378 or e-mail us at [memberinfo@ana.org](mailto:memberinfo@ana.org)

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

## Membership Dues (Price reduced to \$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

Credit Card Billing Address

City, State Zip



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



**Phone**  
1 (800) 284-2378



**Fax**  
(301) 628-5355