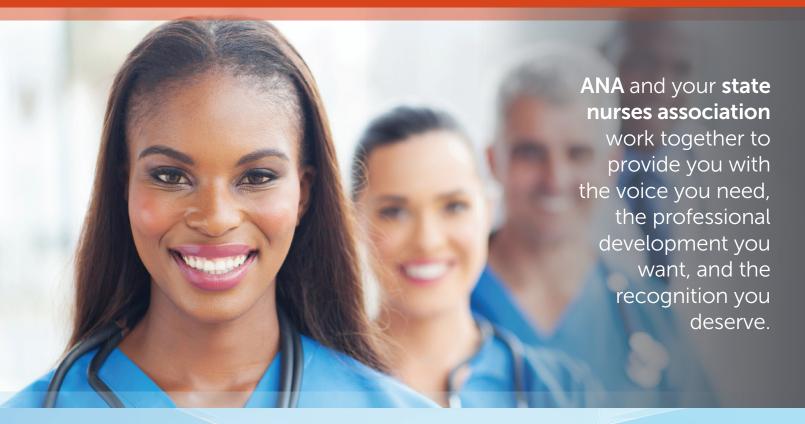


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Essential Informat	tion		
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Mailing Address Line 1		Credentials	
Mailing Address Line 2		Phone Number	Check preference: ☐ Home ☐ Work
City/State/Zip		Email address	
County		Current Employment Status: (eg: full-time nurse)	
Professional Infor	rmation	Current Position Title: (eg: staff nu	
Employer		Required: What is your primary role in nursing (position description)?	
Type of Work Setting: (eg: hospital)		Clinical Nurse/Staff Nurse Nurse Manager/Nurse Executive (including Director/CNO) Nurse Educator or Professor Not currently working in nursing	
Practice Area: (eg: pediatrics)		Advanced Practice Registered Nurse (NP, CNS, CRNA) Other nursing position	
Ways to Pay			
Monthly Payment	t	Membership Dues	
Checking Account Attach check for first month's payment.		Dues:	<u>\$</u>
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.		ANA-PAC Contribution (optional).	
☐ Credit Card		American Nurses Foundation Con (optional)	(IIDU(IOI) <u>3</u>
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.		Total Dues and Contributions	\$
		Credit Card Information Visa	☐ Mastercard ☐ AMEX ☐ Discover
Monthly Electronic	Deduction Payment Authorization Signature	Cradit Card Number	Evairation Data (MM/VV)
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		Credit Card Number Authorization Signature	Expiration Date (MM/YY)
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Check	Credit Card	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.	

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