



NEVADA NURSES ASSOCIATION MEMBERSHIP APPLICATION

P.O. BOX 34660, RENO, NEVADA 89533 · 775 747-2333 · FAX 775 201-9002
NNA@NVNURSES.ORG

Please mail your completed application with payment to: NNA, Constituent and Member Billing Services, ANA, P.O. Box 504345, St. Louis, MO 63150-4345.

Please Print Clearly:

Date _____

Last Name/First Name/Middle Initial

Home Phone Number

cell phone number

Credentials

Home Fax Number

Basic School of Nursing

Home Address

Work Phone Number

Graduation (Month/Year)

City/State/Zip Code + 4

Work Fax Number

RN License Number/State

County

Position

Employer

Email Address

Would you like to receive NNA email updates with information relative to nursing & healthcare? **YES NO**
Membership Options (Check One) Payment Plan (Check One)

Full ANA/NNA Membership

Includes full membership to both NNA and the American Nurses Association (ANA) for 12 months.

Full Annual Payment

_____ Check (payable to NNA/ANA)
_____ Visa
_____ MasterCard

F-Full Membership

_____ Employed

R-Reduced Membership

_____ Not employed
_____ Full-time student (must be a RN)
_____ New graduate from basic nursing education program, within six months of graduation (first membership year only)
_____ New Member—Never been a member of a state nurses association of the American Nurses Association (first year of membership only)
_____ 62 years of age or older and not earning more than Social Security allows

Annual Credit Card Payment

This is to authorize annual credit card payments to NNA/ANA. By signing on the line, I authorize NNA/ANA to charge the credit card listed for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Authorization Signature*

EDPP (Monthly Electronic Payment)

This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Credit card: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

EDPP Authorization Signature*

***By signing the EDPP or Annual Credit Card authorizations, you are authorizing NNA/ANA to charge the amount by giving the above-signed thirty (30) days advance written notice. Above signer may cancel this authorization upon receipt by NNA/ANA of written notification of termination twenty (20) days prior to the deduction date designated above. Membership will continue unless this notification is received. NNA/ANA will charge a \$5 fee for any returned drafts of charges backs.**

Credit Card Information

Bank Card Number and Expiration Date

Authorization Signature

Printed Name

Amount \$

Membership Dues

Full NNA/ANA

Annual \$254.00 / Monthly \$21.66

Reduced NNA/ANA

Annual \$127.00 / Monthly \$11.09

Special NNA/ANA

Annual \$63.50 / Monthly \$5.80

NNA State Only

Annual \$105.00 / Monthly — not applicable

To be completed by NNA/ANA

State _____ District _____

Approved by _____ Date _____

Expires _____ Amt. Paid _____

Check # _____

*****Referred to NNA/ANA by:**

***State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.**

State Only NNA Membership

Includes state only membership to NNA only for 12 months. Does not establish membership in the American Nurses Association

Any RN with an active or inactive Nevada license.

***State Only dues must be paid in full at the time of application.**