



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:

Last Name/First Name/Middle Initial

Date

Credentials

Home Phone Number

cell phone number

Home Address

Home Fax Number

Basic School of Nursing

City/State/Zip Code + 4

Work Phone Number

Graduation (Month/Year)

County

Work Fax Number

RN License Number/State

Email Address

Position

Employer

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

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.

R-Reduced Membership

____ Not employed
____ Full-time student (must be a RN)
____ New graduate from basic nursing education program, within two years of graduation
____ 62 years of age or older and not earning more than Social Security allows

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.

S-Special Membership

____ 62 years of age or over and unemployed
____ Totally disabled

***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.**

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 \$262.00 / Monthly \$22.33

Reduced NNA/ANA

Annual \$131.00 / Monthly \$11.42

Special NNA/ANA

Annual \$65.50 / Monthly \$5.96

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:**
