



CONNECTICUT NURSES' ASSOCIATION MEMBERSHIP APPLICATION

377 Research Parkway #2D, Meriden, CT 06450 • (203) 238-1207 • Fax: (203) 238-3437

8515 Georgia Avenue, Suite 400 Silver Spring, Maryland 20910-3492 • (301) 651-5000 • Fax: (301) 651-5001
for more information check www.Nursingworld.org to join today

DATE _____

Last Name/First Name/Middle Initial		Home Phone Number	Work Phone Number
Credentials		Basic School of Nursing	
Preferred Contact:	Home	Work	Graduation (Month/Year)
Home Address		Fax Number	RN License Number/State
Home Address		E-mail	
City/State/Zip County		UAN member? _____ Not a Member of Collective Bargaining Unit	
Employer Name		Member of Collective Bargaining Unit other than UAN? (Please specify)	
Employer Address		<p>Please mail your completed application with payment to our address above or to our billing agent: AMERICAN NURSES ASSOCIATION Customer and Member Billing, P.O. Box 17026 Baltimore, MD 21297-0405</p>	
Employer City/State/Zip Code			

Membership Category (check one)

M Full Membership Dues

- Employed - Full Time
- Employed - Part Time

R Reduced Membership Dues

- Not Employed
- Full Time Student
- Matriculated students taking at least 6 credits of study and working fewer than 20 hours per week
- New graduate from basic nursing education program, within six months after graduation (first membership year only)
- 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues

- 62 years of age or over and not employed
- Totally Disabled

ST-Only State Only

- Membership in CNA only

Please Note:

\$5.42 of the CMA member dues is for subscription to *The American Nurse*. \$20 is for subscription to the *American Nurse Today*. Various amounts are for subscriptions to CMA/DNA newsletters. Please check with your CMA office for exact amount.

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 CMA is not deductible as a business expense. Please check with Virginia@ctnurses.org for the correct percentage deductible amount.

PAC CONTRIBUTION

CN-PAC educates nurses about political action, monitors legislators voting records, endorses state candidates and raises funds to contribute to the campaigns of individuals who support nursing issues. This must be paid by separate check made payable to CN-PAC. Mail to 377 Research Pkwy 2D Meriden, CT 06450

\$10 _____ \$20 _____ \$50 _____
\$100 _____ Other: _____

Choice of Payment (please check)

E-Pay (Monthly Electronic Payment)

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA)/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 below and this credit card will be debited on or after the 1st day of each month.

Monthly Electronic Deduction Authorization

Signature *SEE NEXT COLUMN

Full Annual Payment

Membership Investment _____
ANA-PAC (Optional — \$20.04 suggested) _____
Total Dues and Contributions _____

Online: www.NursingWorld.org (Credit Card Only)

Check (payable to ANA). VISA
 MasterCard

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization

Signature*SEE NEXT COLUMN

*By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card

Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts or chargebacks

ANA/CNA Dues Schedule

Membership dues are based on an annual fee established by CT Nurses' Association and includes membership to ANA.

Membership Category	Monthly Payment (electronic deductions)	Annual Payment
Regular	24.17	284.00
Reduced	12.33	142.00
Special	6.42	71.00
State-Only	12.00	138.00

Any questions concerning dues or eligibility may be directed to CNA office at 203-238-1207 or info@ctnurses.org

CREDIT CARD INFORMATION

Bank Card Number and Expiration Date _____

Authorization Signature _____

Printed Name _____

Amount: \$ _____

You can also join by logging onto www.ctnurses.org

TO BE COMPLETED BY SNA

Employer Code _____

Sponsored by _____

STATE _____ DIST _____ REG _____ Approved By _____ Date _____

SNA Membership # _____

Expiration Date _____ / _____ \$ _____
Month Year Amount Enclosed/Check #