

# \$99 SPECIAL MEMBERSHIP OFFER (Provides membership to CNA only)



**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](http://www.Nursingworld.org) to join today

DATE \_\_\_\_\_

First Name/Last 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			
Employer City/State/Zip Code			

**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 504345 St. Louis, MO 63150-4345**

## \$99 Membership Special (State only)

To qualify for this special you must be:

- First year graduate from a basic school of nursing or
- Currently a member of another professional nursing organization

\_\_\_\_\_ Please indicate organization

*Please Note:*  
This special membership offer is only valid June 15, 2008 through December 31, 2011. Renewal fee will be \$138. 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](mailto:Virginia@ctnurses.org) for the correct percentage deductible amount.

## Choice of Payment (please check)

- Checking: Please enclose a check for \$99
- Credit Card:

\_\_\_AE \_\_\_MC \_\_\_Visa \_\_\_Disc

### CREDIT CARD INFORMATION

\_\_\_\_\_ Bank Card Number and Expiration Date

\_\_\_\_\_ Authorization Signature

\_\_\_\_\_ Printed Name

Amount: \$ **99.00**

CNA State-Only Dues Schedule	
State-only membership dues are based on an annual fee established by CT Nurses' Association and do not include membership to ANA.	
Membership Category	Annual Payment
Special	99.00
Any questions concerning dues or eligibility may be directed to CNA office at 203-238-1207 or <a href="mailto:info@ctnurses.org">info@ctnurses.org</a>	

You can also join by logging onto [www.ctnurses.org](http://www.ctnurses.org)

<b>TO BE COMPLETED BY SNA</b>		Employer Code _____	Sponsored by _____
STATE	DIST	REG	Approved By _____ Date _____
Expiration Date _____ / _____ \$ _____		SNA Membership # _____	
Month	Year	Amount Enclosed/Check # _____	