JOIN ANA TODAY!

Nursing is more than what you do, it’s who you are!

Membership benefits include:

- Discounted continuing education modules
- Exclusive Discounts on certification through the American Nurses Credentialing Center
- One FREE Navigate Nursing webinar each month
- Free Subscriptions to ANA journals and newsletters
- ANA’s Advocacy protect your practice and improve the quality of care

How to Join:

Online JoinANA.org
Mail ANA Customer & Member Billing
PO Box 504345
St. Louis, MO 63150-4345
Phone 1 (800) 923-7709

Connect with ANA
ANA Membership Activation Form

Essential Information

First Name/MI/Last Name
Mailing Address Line 1
Mailing Address Line 2
City/State/Zip
County

Professional Information

Employer
Type of Work Setting: (eg: hospital)
Practice Area: (eg: pediatrics)

Ways to Pay

Monthly Payment
☐ Checking Account  Attach check for first month’s payment.

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.

☐ Credit Card

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.

Monthly Electronic Deduction | Payment Authorization Signature

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 annually unless I cancel.

Annual Payment
☐ Check  ☐ Credit Card

Membership Dues

Dues: .................................................................
ANA-PAC Contribution (optional) ...............$
American Nurses Foundation Contribution (optional) ..............$
Total Dues and Contributions.................................$

Credit Card Information
☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Credit Card Number
Expiration Date (MM/YY)

Authorization Signature

Required: What is your primary role in nursing (position description)?
☐ Clinical Nurse/Staff Nurse
☐ Nurse Manager/Nurse Executive (including Director/CNO)
☐ Nurse Educator or Professor
☐ Not currently working in nursing
☐ Advanced Practice Registered Nurse (NP, CNS, CRNA)
☐ Other nursing position

Current Employment Status: (eg: full-time nurse)

Current Position Title: (eg: staff nurse)

Please note: $49 of your membership dues is for a subscription to American Nurse 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.

For assistance with your membership activation form, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Online
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