

# Kansas State Nurses Association 2009 Membership Application



## STEP 1: Print & complete information below before moving on to the next step.

Last name/First name/Middle initial		Basic school of nursing
Street address		Graduation, month/year
Mailing address, if different from above		R.N. license number
City/State/Zip+4	County	Home telephone
Name of employer		Work telephone
Employer's address		
Employer's city/state/zip+4		
Your email address		Mobile telephone

### Important Note:

\$7.50 of SNA member dues is for a subscription to **The American Nurse**; \$14.00 is for a subscription to the **American Nurse Today**; and \$12.00 is for **The Kansas Nurse**. Amounts for subscriptions to district newsletters will vary; check with your district office for the exact amounts. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by KSNA is not deductible as a business expense. Please check with KSNA for the amount.

### Mail Completed Application and Payment to:

**Kansas State Nurses Association**  
1109 SW Topeka Blvd  
Topeka KS 66612-1602

### Questions?

Call 785-233-8638  
Fax 785-233-5222  
Email: ksna@ksna.net  
Hours 8 a.m.-5 p.m.CST

## STEP 2: Dues amount determined by employment status & age

FULL DUES 100%	Annual (Monthly EDPP*)
<input type="checkbox"/> Employed full time	\$279.00 (\$23.76)
<input type="checkbox"/> Employed part-time	
REDUCED DUES 50%	Annual (Monthly EDPP*)
<input type="checkbox"/> Not employed	\$139.50 (\$12.12)
<input type="checkbox"/> Full time student	
<input type="checkbox"/> New graduate from basic nursing education program & joining within six months of graduation; first membership year only	
<input type="checkbox"/> 62 years of age or over AND not earning more than social security system allows	
SPECIAL DUES 25%	Annual (Monthly EDPP*)
<input type="checkbox"/> Only available to those over 62 years of age and NOT employed	\$69.76 (\$6.32)

## STEP 3: Select one of the payment plan options

**Plan A Annual Dues Enclosed**  
 Check  Visa/MC Credit Card

Name on card (print) \_\_\_\_\_

Credit card number/expiration (month/year) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

**Plan B Monthly Electronic Dues Payment Plan (EDPP)**

Read and sign the authorization, and enclose a check for the first months' EDPP payment. On a monthly basis, 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee. EDPP AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA). This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the account by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

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

### Office Use Only State: KS

District: KS \_\_\_\_\_

Date Processed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Note Card Mailed: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Approved: \_\_\_\_\_

Recruited by \_\_\_\_\_