

# MEMBERSHIP APPLICATION

\*Members must have been granted a license to practice in at least one state\*  
 \*All information must be completed for application to be accepted\*



Telephone 303-757-7483  
 Fax 303-757-8833  
[www.nurses-co.org](http://www.nurses-co.org) [cna@nurses-co.org](mailto:cna@nurses-co.org)

MAIL/FAX COMPLETE WITH PAYMENT TO:  
 Colorado Nurses Association  
 1221 S. Clarkson Street, Suite 205  
 Denver, CO 80210

Thank you for your interest in the Colorado Nurses Association or ANA/CNA. We appreciate your awareness that nurses have responsibilities to their profession in addition to their job requirements, and welcome your membership and participation.

<u>FULL ANA/CNA MEMBERSHIP</u> <u>THE BEST WAY TO SUPPORT CNA</u>	<u>STATE ONLY MEMBERSHIP</u>
Assures support for national issues – supports development of standards, national health care policy reform, and safe staffing	Assures support for state legislative issues, public education, promotion of nursing throughout the state.
Additional insurance and product discounts	State only Members <b>will</b> receive discounts on CNA Continuing education offerings.
Discounts on materials at nursebooks.org and other important nursing products	State only members <b>will</b> receive the CNA Member News and will be added to the CNA email list serve.
Up to \$140 discount on ANCC credentialing	State only members are <b>not</b> eligible to run for CNA President, ANA Delegate, or offices in the Center of American Nurses or UAN or ANA appointed committees.
Members may run for ANA Delegate and ANA committees	State only members can run for CNA Board Member-at-large. State Only Members are <b>not</b> eligible for other CNA Board positions.
Members may run for all Colorado Nurses Association offices, including President	May be appointed to committees that participate in legislative activities and decision making.
Access to the ANA "Members Only" articles at the ANA website – nursingworld.org.	State only members will not receive ANA publications or have access to the ANA "Member's Only" website.
Includes the ANA publications, <i>The American Nurse</i> , <i>American Nurse Today</i> and <i>Online Journal of Nursing</i>	

Please fill out entire form, front and back. Please call 303-757-7483 if you have any questions.

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

\_\_\_\_\_  
 Last Name First Name Middle Credentials

\_\_\_\_\_  
 Basic School of Nursing Graduation (Month /Year) RN License Number - **REQ'D**

\_\_\_\_\_  
 County US Legislative District (if known) State Senate (if known)

\_\_\_\_\_  
 Home Telephone Fax Number Please Circle One: Male / Female

\_\_\_\_\_  
 Home Address City State Zip

\_\_\_\_\_  
 Employer Name Position Held

\_\_\_\_\_  
 Work Address City State Zip

\_\_\_\_\_  
 Work Telephone **EMAIL (REQUIRED FOR DNA #2)** **APN Registry? Yes / No**  
**Prescriptive Authority? Yes / No**

Referred by: \_\_\_\_\_

**ANA/CNA MEMBERSHIP**

**STATE ONLY MEMBERSHIP**

- FULL MEMBERSHIP DUES**      **ANNUAL \$299.00**    **EPAY \$25.41**
- REDUCED MEMBERSHIP DUES**    **\$149.50**    **\$12.96**
- NOT EMPLOYED
- FULL-TIME STUDENT
- NEW GRADUATE FROM BASIC NURSING EDUCATION PROGRAM, WITHIN 6 MONTHS AFTER GRADUATION APPLIES TO FIRST YEAR OF MEMBERSHIP ONLY
- SPECIAL MEMBERSHIP DUES**    **\$74.75**    **\$ 6.23**
- 62 YEARS OF AGE AND OVER NOT EMPLOYED
- TOTALLY DISABLED/NOT EMPLOYED

- FULL MEMBERSHIP DUES**    **ANNUAL \$120.00**    **EPAY \$10.50**  
*(State Only Members)*

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(You May Choose Only One District)

\_\_\_\_\_ **Geographic District (Based on City & Zip Code)**

\_\_\_\_\_ **DNA 2 (Corresponds primarily through email)**

\_\_\_\_\_ **DNA 30 (Advanced Practice Nurses)**

\_\_\_\_\_ **DNA 31 (Clinical Specialists in Psychiatric Nursing)**

**LIFETIME MEMBERSHIP      FREE**  
**LIFETIME MEMBERSHIP (ALL APPLIES)**

- ANA MEMBER FOR 25 YEARS OR MORE
- CONSECUTIVELY
- 65 YEARS OR OLDER
- RETIRED

- NON-COLLECTIVE BARGAINING**    **\$299.00**    **\$25.41**  
MY DUES ARE NOT TO BE USED FOR COLLECTIVE BARGAINING ISSUES

\_\_\_\_\_ **CREDIT CARD NUMBER – (M/C & VISA ONLY)**

\_\_\_\_\_ **EXPIRATION DATE**

\_\_\_\_\_ **PRINT CARD HOLDERS NAME**

\_\_\_\_\_ **CARD HOLDERS SIGNATURE**

\_\_\_\_\_ **TOTAL PAYMENT AMOUNT ENCLOSED**

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State Nurses Association 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 Colorado Nurses Association is not deductible as a business expense. Please check with the Colorado Nurses Association for the correct amount.

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\_\_\_\_\_ **E-PAY (Monthly Electronic Payment)** (Please make all checks payable to the American Nurses Association)

**This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA) by signing below; I authorize 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 months payment, which will be drafted on or after the 15<sup>th</sup> day of each month using the account designated by the enclosed check.
- CREDIT CARD**      Please complete the credit card information above and this credit card account will be debited on or after the 1<sup>st</sup> of each month.

**Monthly Electronic Deduction Authorization Signature (Required for Processing)**

\_\_\_\_\_ **Automatic Annual Credit Card Payment (check if you want this)**

**This is to authorize annual credit card payments to the American Nurses Association, Inc. (ANA) by signing below; I authorize ANA to charge the credit card listed above for the annual dues on the 15<sup>th</sup> day of the month when annual renewal is due.**

**X** \_\_\_\_\_  
**Automatic Annual Credit Card Payment Authorization Signature (Required for Processing)**



**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 undersigned thirty (30) days in advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this written notification is received. ANA will charge \$5.00 for any returned drafts or charge backs.**