

CONTACT INFORMATION

First Name _____ MI _____ Last Name _____

*IMPORTANT NOTE: Member Login **Username** is based on the above information: first name initial, middle initial, last name. For example, Jane Ann Smith Doe could be jadoe or jsdoe depending on what you put here for your middle initial. Your **Password** will be an eight digit number assigned to you. Membership card will be mailed within two weeks.*

Nickname _____

Address _____

City _____ ST _____ ZIP _____

County _____

Phone: Work (____)____-____ Home (____)____-____ Mobile (____)____-____

Fax# (____)____-____ Fax goes to Work Home

NCNA frequently uses email for alerts/important correspondence. Please give preferred address. Notify us if email changes!

Work Email Home Email _____ No Email

EMPLOYMENT/PRACTICE INFORMATION

Employer _____

Position _____ Area of Practice/Specialty _____

Basic School of Nursing _____ Graduation Date (M/Yr) _____

Highest Degree _____ RN License # (required) _____/ST _____

ARE YOU AN RN ENROLLED FULL TIME AS A STUDENT?

If you plan to use 'RN enrolled full-time in a nursing higher education program' category (Reduced), include school and expected graduation.

School _____ Graduation Date (M/Yr) _____

MEMBERSHIP OPTIONS

1. NCNA/ANA Membership

When registered nurses join as an NCNA/ANA member, they automatically become a member of NCNA and the American Nurses Association (ANA).

2. NCNA-Only Membership

When registered nurses join as an NCNA-Only member, the membership is state level only. You will not belong to ANA or have access to ANA.

- All checks should be made payable to the North Carolina Nurses Association.
- State nurses association dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense; for estimated lobbying costs for each year, go to www.ncnurses.org > Membership > Member Resources page.

How did you hear about NCNA?

If recruited to join NCNA by a specific person, put their name here:

1. NCNA/ANA Membership

There are three categories of NCNA/ANA membership:

- **Full: \$307 annual dues** [Employed full or part-time] (NCNA, \$156; ANA, \$146; Special Projects Fund, \$5.)
- **Reduced: \$153.50 annual dues** [1. Not employed and under age 62; or 2. RN enrolled full-time in a nursing higher education program; or 3. new graduate from a pre-licensure nursing education program] (NCNA, \$78; ANA, \$73; Special Projects Fund, \$2.50.)
- **62+ Special: \$76.75 annual dues** [1. 62 yrs or older and retired and not employed; or 2. totally disabled] (NCNA, \$39; ANA, \$36.50; Special Projects Fund, \$1.25.)

NCNA/ANA Members:

- Can vote in NCNA and ANA elections.
- Can be appointed/elected to serve for NCNA, ANA or ANCC.
- Have access to Members Only section of the NCNA/ANA websites.
- Receive all publications from NCNA/ANA including *Tar Heel Nurse*, *Inside NCNA*, *American Nurse*, and *American Nurse Today*.
- Receive member discounts on NCNA/ANA events.

Joining as an NCNA/ANA Member

Select 1 of the payment options below and move across to the appropriate category of membership on the right.

Circle the amount here that applies to you.

	Full	Reduced	62+ Special
<input type="checkbox"/> Electronic Funds Transfer (EFT) ** Monthly Bank Draft. Complete (C) below.	\$27.00	\$13.50	\$6.74
<input type="checkbox"/> Monthly Credit Card Payment ** Complete (B) and (C) below.	\$27.00	\$13.50	\$6.74
<input type="checkbox"/> Annual Payment Initial payment due with application; renewal sent one month before due. Pay by check (A) or credit card (B) below.	\$307.00	\$153.50	\$76.75

APRN Rate*

Please circle best fit: (NP) (Psych APRN) (APRN other _____)

<input type="checkbox"/> Electronic Funds Transfer (EFT) ** Monthly Bank Draft. Complete (C) below.	\$31.17	\$17.67	\$10.91
<input type="checkbox"/> Monthly Credit Card Payment ** Complete (B) and (C) below.	\$31.17	\$17.67	\$10.91
<input type="checkbox"/> Annual Payment Initial payment due with application; renewal sent one month before due. Pay by check (A) or credit card (B) below.	\$357.00	\$203.50	\$126.75

* APRNs must select from this rate section. A \$50 contribution will be made to the APRN Advocacy Fund based on your selection above and 100% of the funds will be dedicated toward initiatives to benefit North Carolina APRNs.

2. NCNA-Only Membership

There is one category of NCNA-Only membership:

- **\$180 annual dues** [This fee includes administrative fee to ANA of \$45.] (NCNA, \$130; ANA, \$45; Special Projects Fund, \$5.)

NCNA-Only Members:

- Belong to NCNA and region.
- Can vote in NCNA and regional elections.
- Can be elected or appointed to serve at the NCNA and regional levels.
- Have access to the Members Only section of the NCNA website.
- Will receive the *Tar Heel Nurse*, *Inside NCNA*.
- Will receive all member discounts on NCNA or regional events.

NCNA-Only Members will NOT be eligible to:

- Run for national office.
- Serve on ANA or ANCC committees or commissions.
- Receive any discounts on ANCC certification.
- Receive any ANA publications.

Joining as an NCNA-Only Member

Select 1 of the payment options below and move across to the appropriate fee amount on the right.

	Full
<input type="checkbox"/> Electronic Funds Transfer (EFT) ** Monthly Bank Draft. Complete (C) below.	\$16.00
<input type="checkbox"/> Monthly Credit Card Payment ** Complete (B) and (C) below.	\$16.00
<input type="checkbox"/> Annual Payment Initial payment due with application; renewal sent one month before due. Pay by check (A) or credit card (B) below.	\$180.00

APRN Rate*

Please circle best fit: (NP) (Psych APRN) (APRN other _____)

<input type="checkbox"/> Electronic Funds Transfer (EFT) ** Monthly Bank Draft. Complete (C) below.	\$20.17
<input type="checkbox"/> Monthly Credit Card Payment ** Complete (B) and (C) below.	\$20.17
<input type="checkbox"/> Annual Payment Initial payment due with application; renewal sent one month before due. Pay by check (A) or credit card (B) below.	\$230.00

PAYMENT OPTIONS

A. Check/Money Order (only mailed applications)

- I enclosed check/money order made payable to North Carolina Nurses Association:

Check# | Money Order#: \$

B. Credit Card Authorization

Debit my: VISA MasterCard \$

CARD NUMBER: EXP DATE:

PRINT NAME AS IT APPEARS ON CARD:

CARDHOLDER'S SIGNATURE:

****C. EFT & Credit Card (CC) Monthly Draft—**

If you selected either payment option please read and sign below:

1. This is to authorize and request NCNA, either directly or through its authorized representative or agent, to effect payment for any dues payment owed by me to NCNA as such amounts become due by initiating debit entries to my bank account or credit card each month;
2. If EFT, the number of my designated and maintained bank account is shown on enclosed check for first month's payment;
3. NCNA is authorized to change the amount by giving the undersigned thirty (30) days written notice; and,
4. The undersigned may cancel authorization upon receipt by giving NCNA ninety (90) days written notice.
5. I am agreeing to be a member for a minimum of 12 months.

- EFT: Enclosed is check for 1st month's payment (make check payable to North Carolina Nurses Association).

- CC: I have filled out my credit card information in section B.

Signature: _____

Date: _____