

VOICE & VISIBILITY

Add your voice to Our Voice! Join NHNA Today

Check One

MEMBERSHIP

NHNA Membership \$125/yr or [] \$10.92/mo (State only - no ANA benefits or voting rights)

ANA Membership \$171/yr (Membership in ANA only - no NHNA voting rights or ability to hold office)

DUAL ANA & NHNA MEMBERSHIP

 (Full benefits and privileges of both organizations)

Full Membership \$249/yr or [] \$21.25/mo (RNs only - employed full or part time)

Reduced Membership \$124.50/yr (Nursing Students, New Graduates, or RN's not employed)

Special Membership \$62.25/yr (Retired or Disabled RN's)

NHNA ASSOCIATE MEMBERSHIP

 (Non-voting status with limited benefits)

Associate Membership \$45.00/yr (LPN, LNAs, healthcare professionals, and friends of nursing)

Student Associate Membership \$25.00/yr (Nursing Students who are also a members of NHSNA #_____)

NHNA Membership Application				[] New	[] Renewal	Date: ___/___/___
Last Name	First Name	Middle Initial	REFERRED BY:			
RN License Number & State	Credentials (RN, BSN, Etc)	Years in Nursing	Field of Nursing			
Basic School of Nursing	Graduation Date		Birth Date			
Home Address						
City	State	Zip	Home Phone			
Employer Name	Job Title		Department			
Work Address						
City	State	Zip	Work Phone			
Home E-mail Address	Work E-mail Address		Work Fax			

[] Check enclosed for \$_____ payable to the New Hampshire Nurses' Association

[] Authorization for monthly **checking account deduction** of \$_____ (Attach first month's payment plus voided check.)

[] **Charge to:** ___MasterCard ___ Visa #_____ EXP___/___ Sec Code _____

By signing this Monthly Electronic Payment Authorization, you are authorizing ANA to either charge the credit card indicated or deduct the monthly payment from your checking account as designated above.

[] **Automated Annual Renewal:** authorizes the automatic continuation of this Electronic Payment Authorization until cancelled by written notification of termination - thirty (30) days prior to scheduled renewal.

Name on account if different from application: _____ Signature _____

MAIL APPLICATION TO: ANA Customer and Member Billing PO Box 504345 St. Louis, MO 63150-4345
Keep a copy for your own records. Call the NHNA office with any questions: 603-225-3783