



Tennessee Nurses Association Membership Application

545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296 • Phone: 615-254-0350 • Fax: 615-254-0303

Please type or print clearly. Please mail your completed application with payment to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296

Last Name _____ First Name _____ Middle Initial _____

Street or PO Box Number _____

City _____ State _____ Zip _____ County _____

Last Four Digits of Social Security Number _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Fax _____ Work Fax _____ Pager _____

Employed at _____ as _____

Employer's Address _____

Academic Degree(s) _____ Certification(s) _____

Graduation from basic nursing program (Month/Year) ____/____/____ RN License # _____ Date of Birth ____/____/____

SPONSORED BY: _____ SPONSOR'S DAYTIME PHONE NUMBER _____

Membership Categories (please choose one category) *New Membership Dues Rates Effective January 1, 2011

ANA/TNA Full Membership Dues
Employed full or part-time **\$23.67 per month** or \$278.00 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

ANA/TNA Reduced Membership Dues
Newly-licensed graduates, not employed, RNs who are full-time students, or age 62+ and not earning more than Social Security allows. **\$12.09 per month** or \$139 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

ANA/TNA Special Membership Dues
62+ and not employed, or totally disabled. **\$6.29 per month** or \$69.50 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

TNA Individual Membership Dues
Any licensed registered nurse living and/or working in Tennessee. **\$16.34 per month** or \$190.00 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.

American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent

I understand that by providing my mailing address, email address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committee) via regular mail, email, telephone, and/or fax.

Signature _____ Date _____

To Be Completed by TNA Staff		State: _____	District: _____	Expiration Month: _____	Year: _____
Membership Status:	Membership Type:	Bill Method:		Amount Enclosed: _____	
<input type="checkbox"/> 1. New	<input type="checkbox"/> 1. Full (100%)	<input type="checkbox"/> 1. A	Amount Discounted: _____		
<input type="checkbox"/> 2. Renewal	<input type="checkbox"/> 2. Reduced (50%)	<input type="checkbox"/> 2. EFT	Approved By: _____		
<input type="checkbox"/> 3. Reinstated	<input type="checkbox"/> 3. Special (25%)	<input type="checkbox"/> 3. CCM	Today's Date: _____		
Website	<input type="checkbox"/> 4. TNA Individual	<input type="checkbox"/> 4. PD			

Dues Payment Options (please choose one)

*SIGNATURE REQUIRED BELOW

Automatic Monthly Payment Options
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize TNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
*SEE AT RIGHT

* _____ Automatic Monthly Payment Authorization Signature

CHECKING ACCOUNT: Please enclose a check for the first month's payment, which will be drafted on or after the 15th day of each month using the account designated by the enclosed check.

CREDIT/DEBIT CARD: Please complete the credit card information at right and this credit card will be debited on or after the 1st of each month (VISA and MasterCard Only).

*SIGNATURE REQUIRED BELOW

Automatic Annual Credit/Debit Card Payment
This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize TNA/ANA to charge the credit card listed below for the annual dues on the 1st day of the month when the annual renewal is due.
*SEE AT RIGHT

* _____ Automatic Annual Payment Authorization Signature

Charge to My Credit/Debit Card

VISA (Available for Annual or Monthly Draft Payments)
 MasterCard (Available for Annual or Monthly Draft Payments)

Number _____

Exp. date _____ Verification Code _____

Signature _____

Annual Payment

Make check payable to TNA or fill out credit card information below.

* By signing the Automatic Monthly Payment Authorization or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the undersigned thirty (30) days 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. Membership will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or chargebacks.

Authorization to Bill My Employer

Company _____

Contact Person _____

Street or PO Box _____

City _____ State _____ Zip _____

(Many employers pay professional dues. TNA's educational programs alone justify it. Ask your employer.)

Payroll Deduction

This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

PARTICIPATING AGENCIES

VA - Nashville, Memphis, Mountain Home, Murfreesboro
Regional Medical Center - Memphis

Signature for Payroll Deduction