WEB08

MEMBERSHIP APPLICATION

energizing experiences.
empowering insight.
essential resources.

GNA
GEORGIA NURSES ASSOCIATION

MEMBER DATA

NAME_____ RN LICENSE #_____ BIRTHDATE_____

HOME ADDRESS_____ CITY, STATE, ZIP_____

HOME PHONE_____ WORK PHONE_____ CELL PHONE_____

EMPLOYER_____ SCHOOL OF NURSING_____

EMAIL_____ ALT. EMAIL_____

Please circle one of the following options for each question.

Gender: Male Female *Age Group:* 20-29 30-39 40-49 50-59 60-69 70 and older

Job Function: Staff Nurse Manager/ Administration APRN
Educator/ Research Other_____

YOUR MEMBERSHIP (Check box for membership option that is best for you.)

☐ *ANA/ GNA Full Member Dues*
($302 annual/ $25.67 monthly EDPP*)
•Employed, full or part time

☐ *GNA State-only Membership Dues*
($194 annual/ $16.67 monthly EDPP*)

☐ *ANA/ GNA Reduced Membership Dues*
($151 annual/ $13.08 monthly EDPP*)
•New graduate (first-year membership, joining 6 months from graduation from basic nursing program)
•62 years of age or over, employed
•Fulltime student (not employed)
•Not employed

☐ *ANA/ GNA Special Membership Dues*
($75.50 annual/ $6.79 monthly EDPP*)
•New graduate, former GANS member (first-year membership, joining 6 months from graduation from basic nursing program)
•62 years of age or over, not employed

ANA
AMERICAN NURSES ASSOCIATION

MAIL APPLICATION AND PAYMENT TO:
GEORGIA NURSES ASSOCIATION
3032 BRIARCLIFF ROAD, NE
ATLANTA, GA 30329

FOR INQUIRIES:
(404) 325-5536
www.georgianurses.org
gna@georgianurses.org

GNF
GEORGIA NURSES FOUNDATION

PAYMENT OPTION (Check the box or circle for the payment option that is best for you.)

☐ *Annual payment by check:* Please enclose check in the amount of annual membership total with application.

☐ * *Monthly Electronic Dues Payment Plan (EDPP) through checking account*: Read, sign the authorization, and enclose a check for the first month's EDPP payment.

AUTHORIZATION to provide monthly electronic payments to 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 amount 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 days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

_____
Signature for EDPP

☐ *Payment by Credit Card: (Mastercard or Visa)* ○ Monthly (EDPP amount) ○ Annual

_____ _____
Card number & expiration date Signature

TO BE COMPLETED BY GNA/ANA

State_____ Approved By_____ Date_____ Exp. Month/ Year_____ Amt. Enclosed $_____ Check #_____ Chapter _____