

MEMBERSHIP APPLICATION

**energizing experiences.
empowering insight.
essential resources.**



MEMBER DATA

NAME _____ RN LICENSE # _____ BIRTHDATE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

COUNTY _____ HOME PHONE _____ ALT. PHONE _____

EMAIL _____ DESIRED GNA CHAPTER _____

EMPLOYER _____ SCHOOL OF NURSING _____

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 Licensed RN Student
 New Graduate Educator/ Research Other _____

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

<input type="checkbox"/> ANA/GNA Full Member Dues (\$310 annual/\$26.34 monthly EDPP*) •Employed, full or part time	<input type="checkbox"/> GNA State-Only Member Dues (\$198 annual/\$17.00 monthly EDPP*)
<input type="checkbox"/> ANA/GNA RN Student/New Grad Discount Rates •Licensed RN Student (\$75 annual/\$6.75 monthly EDPP*) Currently enrolled, actively pursuing RN-BSN, Masters or Doctorate <input type="checkbox"/> •New Graduate (\$155 annual/\$13.41 monthly EDPP*) Initial year of membership	<input type="checkbox"/> ANA/GNA Senior Discount Rates •62 or over, employed (\$155 annual/\$13.41 monthly EDPP*) <input type="checkbox"/> •62 or over, retired (\$77.50 annual/\$6.97 monthly EDPP*)



MAIL APPLICATION AND PAYMENT TO:
 GEORGIA NURSES ASSOCIATION
 3032 Briarcliff Road NE, Atlanta, GA 30329
 FAX: 404-325-0407

FOR INQUIRIES:
 P: 404-325-5536
 E: gna@georgianurses.org
 www.georgianurses.org



PAYMENT OPTION (Check the box or circle for the desired payment option.)

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 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 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: (MC or Visa) Monthly Charge to Card Annual Charge to Card

 Card number & expiration date Signature

TO BE COMPLETED BY GNA/ANA

State _____ Approved By _____ Date _____ Exp. Month/ Year _____ Amt. Enclosed \$ _____ Check # _____ Chapter _____