

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 _____

NCANS / NSNA Membership ID#: _____

If recruited to join NCNA by a specific person, please include their name here: _____

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.

Membership Rates for Former NSNA / NCANS Members

Students who have been members of the National Student Nurses Association (NSNA) and the North Carolina Association of Nursing Students (NCANS) can join NCNA and the American Nurses Association (ANA) at the discounted rate of \$41.50 for your first year and then take advantage of the three-year-sliding scale for dues payment!

Special Sliding Scale Rates:

- Year One — \$41.50
- Year Two — \$77.95
- Year Three — \$150.89/yr or \$13.11/mo
- Year Four — Full NCNA/ANA Dues

PAYMENT OPTIONS

A. Check/Money Order (only mailed enrollment forms)

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: