



# MISSOURI NURSES ASSOCIATION MEMBERSHIP APPLICATION

*One Strong Voice for Missouri Nurses*

## STEP 1 – PERSONAL INFORMATION

Mr.  Mrs.  Ms.  Dr.
  NEW MEMBER
  RENEWAL – ANA # \_\_\_\_\_
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name, First Name & Middle Initial \_\_\_\_\_ Referred By \_\_\_\_\_ Basic School of Nursing \_\_\_\_\_

Credentials \_\_\_\_\_ RN License Number / State \_\_\_\_\_ Graduation (Month / Year) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Employer Name and Position \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email  Home  Work
   
 I want to receive nursing updates via email (listservs)  Yes  No
   
 I am a former MONSA member  Yes  No

New members (name and region) will be listed in *The Missouri Nurse* publication.  
 If you do not wish to be listed, check here to opt out

## STEP 2 – MEMBERSHIP TYPE

Check **ONE** membership type (see back page for descriptions)

- Full Membership
- Reduced Full Membership
- Special Full Membership
- State Individual Membership

## STEP 3 – PAYMENT INFORMATION

Check **ONE** payment type (see back page for descriptions)

TOTAL AMOUNT: \$ \_\_\_\_\_

- Check (Payable to ANA)
- MasterCard or Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Cardholders Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**TO BE COMPLETED BY MONA STAFF**

MO	REGION	Amount Enclosed
STATE		
<input type="checkbox"/> Check (# _____)		
<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Annual <input type="checkbox"/> Monthly		
Approved by: _____		
Date: _____		

REV 1/12

### MONTHLY PAYMENT – All members paying monthly must complete this section

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line below, I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

**CHECKING:** Please enclose a check for the first month payment. The EFT will be set up using the account designated on the enclosed check. Dues will be debited on or after the 15<sup>th</sup> of each month.

**DEBIT/CREDIT CARD:** The EFT will be set up using the account designated above. Dues will be debited the 1<sup>st</sup> business day of each month.

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*By signing the Monthly Electronic Deduction Authorization or the Automatic Credit Card Payment authorization, you are authorizing ANA to charge the amount by giving the undersigned thirty (30) days advance written notice. Under-signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or charge backs.

## STEP 4 – SUBMIT APPLICATION

Return completed application and payment to

**MONA, P.O. Box 105228, Jefferson City, MO 65110**  
**Fax: 573-636-9576 Email: info@missourinurses.org**

# MISSOURI NURSES ASSOCIATION MEMBERSHIP TYPES & DUES

<b>FULL MEMBERSHIP</b> (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association)	
<b>CHECK ONE PAYMENT OPTION BELOW:</b>	<b>FULL</b>
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> <i>(full dues amount due with application by check or credit card)</i>	\$314.00
<input type="checkbox"/> <b>MONTHLY PAYMENTS</b> <i>(monthly bank draft from your checking account or debit/credit card - amount includes a \$0.50/month service fee to ANA for installment payment processing)</i>	\$26.67

<b>REDUCED FULL MEMBERSHIP</b> (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association)  <b>You must meet at least one of the following eligibility requirements:</b>	
<input type="checkbox"/> Not Currently Employed  <input type="checkbox"/> Full-Time Student Full-time students (must be a Registered Nurse) must submit proof of registration of nine (9) or more credits with application to be eligible for the reduced full-time student rate. (copy of current semester schedule is adequate proof)  <input type="checkbox"/> New Graduate from <u>basic</u> nursing education program, within one year after graduation (first membership year only)  <input type="checkbox"/> 62 Years of Age or over <u>and</u> not earning more than Social Security system allows without reduction in benefits	
<b>CHECK ONE PAYMENT OPTION BELOW:</b>	<b>REDUCED</b>
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> <i>(full dues amount due with application by check or credit card)</i>	\$157.00
<input type="checkbox"/> <b>MONTHLY PAYMENTS</b> <i>(monthly bank draft from your checking account or debit/credit card - amount includes a \$0.50/month service fee to ANA for installment payment processing)</i>	\$13.58

<b>SPECIAL FULL MEMBERSHIP</b> (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association)  <b>You must meet at least one of the following eligibility requirements:</b>	
<input type="checkbox"/> 62 Years of Age or over and not currently employed  <input type="checkbox"/> Totally Disabled	
<b>CHECK ONE PAYMENT OPTION BELOW:</b>	<b>SPECIAL</b>
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> <i>(full dues amount due with application by check or credit card)</i>	\$78.50
<input type="checkbox"/> <b>MONTHLY PAYMENTS</b> <i>(monthly bank draft from your checking account or debit/credit card - amount includes a \$0.50/month service fee to ANA for installment payment processing)</i>	\$7.05

<b>STATE INDIVIDUAL MEMBERSHIP (SIM)</b> (Includes benefits of the Missouri Nurses Association only)		
<b>CHECK ONE PAYMENT OPTION BELOW:</b>	<b>SIM NEW</b>	<b>SIM RENEWAL</b>
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> <i>(full dues amount due with application by check or credit card)</i>	\$173.75	\$210.25
<input type="checkbox"/> <b>MONTHLY PAYMENTS</b> <i>(monthly bank draft from your checking account or debit/credit card - amount includes a \$0.50/month service fee to ANA for installment payment processing)</i>	\$14.98	\$18.02



Questions? Please contact the Missouri Nurses Association

Phone: 573-636-4623

Email: [info@missourinurses.org](mailto:info@missourinurses.org)

**Note:** Missouri Nurses Association dues are not deductible as a charitable contribution for tax purposes, but a portion may be deducted as a business expense. Please check with MONA for the correct amount.

Regional dues are included with all membership dues. If you are a new member, you will receive a member packet in 2-3 weeks which will include information on your local region.