



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 (See E&GW Membership on back) _____ Work Phone (____)____-____ Work Fax (____)____-____

Email Home Work

 I want to receive nursing updates via email 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
- E&GW Full Membership

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 <input type="checkbox"/> PD | | |
| Approved by: _____ | | |
| Date: _____ | | |

REV 1/11

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 _____

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 15th of each month.

DEBIT/CREDIT CARD: The EFT will be set up using the account designated above. Dues will be debited the 1st 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

| FULL MEMBERSHIP (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association) | |
|--|-------------|
| CHECK ONE PAYMENT OPTION BELOW: | FULL |
| <input type="checkbox"/> ANNUAL PAYMENT <i>(full dues amount due with application by check or credit card)</i> | \$314.00 |
| <input type="checkbox"/> MONTHLY PAYMENTS <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 |

| STATE INDIVIDUAL MEMBERSHIP (SIM) (Includes benefits of the Missouri Nurses Association only) | | |
|--|----------------|--------------------|
| CHECK ONE PAYMENT OPTION BELOW: | SIM NEW | SIM RENEWAL |
| <input type="checkbox"/> ANNUAL PAYMENT <i>(full dues amount due with application by check or credit card)</i> | \$177.75 | \$214.25 |
| <input type="checkbox"/> MONTHLY PAYMENTS <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> | \$15.31 | \$18.35 |

| REDUCED FULL MEMBERSHIP (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association) | |
|--|----------------|
| You must meet at least one of the following eligibility requirements: | |
| <input type="checkbox"/> Not Currently Employed <input type="checkbox"/> Full-Time Student <i>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)</i> <input type="checkbox"/> New Graduate from <u>basic</u> nursing education program, within six months 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 | |
| CHECK ONE PAYMENT OPTION BELOW: | REDUCED |
| <input type="checkbox"/> ANNUAL PAYMENT <i>(full dues amount due with application by check or credit card)</i> | \$159.00 |
| <input type="checkbox"/> MONTHLY PAYMENTS <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> | \$13.75 |

| E&GW FULL MEMBERSHIP (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association) | |
|--|----------------------|
| If you work for any of the following facilities you are required to join MONA as an Economic & General Welfare (E&GW) member: | |
| <input type="checkbox"/> Encompass <input type="checkbox"/> Humana <input type="checkbox"/> Missouri Department of Mental Health <input type="checkbox"/> University of Missouri Healthcare Systems | |
| CHECK ONE PAYMENT OPTION BELOW: | E&GW FULL |
| <input type="checkbox"/> ANNUAL PAYMENT <i>(full dues amount due with application by check or credit card)</i> | \$344.16 |
| <input type="checkbox"/> MONTHLY PAYMENTS <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> | \$29.18 |
| <input type="checkbox"/> PAYROLL DEDUCTION PAYMENTS (ONLY available where there is an agreement between MONA and certain collective bargaining units (listed above) to make such deduction) | \$28.68 month |
| _____ Member Signature (Must have signature for Payroll Deduction payment!) | |

| SPECIAL FULL MEMBERSHIP (Includes Full Membership benefits of the Missouri Nurses Association and the American Nurses Association) | |
|--|----------------|
| You must meet at least one of the following eligibility requirements: | |
| <input type="checkbox"/> 62 Years of Age or over and not currently employed <input type="checkbox"/> Totally Disabled | |
| CHECK ONE PAYMENT OPTION BELOW: | SPECIAL |
| <input type="checkbox"/> ANNUAL PAYMENT <i>(full dues amount due with application by check or credit card)</i> | \$81.50 |
| <input type="checkbox"/> MONTHLY PAYMENTS <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> | \$7.29 |



Questions? Please contact the Missouri Nurses Association

Phone: 573-636-4623, x222

Email: 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.