



# 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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*(See E&GW Membership on back)*

Email \_\_\_\_\_  
 Home    Work  
 I want to receive nursing updates via email    Yes    No  
 I am a former MONSA member    Yes    No

## 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

## STEP 3 – PAYMENT INFORMATION

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

- Check (Payable to ANA)
- MasterCard or Visa

Credit Card Number \_\_\_\_\_      Expiration Date \_\_\_\_\_

Cardholders Name \_\_\_\_\_      Billing Zip Code \_\_\_\_\_

### Electronic Funds Transfer (EFT)

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.

TO BE COMPLETED BY MONA STAFF		
<u>MO</u>	_____	_____
STATE	REGION	Amount Enclosed
<input type="checkbox"/> Check (# _____)		
<input type="checkbox"/> Credit Card		
Approved by: _____		
		Date: _____
<small>REV 10/09</small>		

## 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)	
CHECK ONE PAYMENT OPTION BELOW:	FULL
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> (full dues amount due with application by check or credit card)	\$310.00
<input type="checkbox"/> <b>MONTHLY ELECTRONIC FUNDS TRANSFER</b> (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)	\$26.34

<b>REDUCED FULL MEMBERSHIP</b> (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 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 nursing education program</u> , 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"/> <b>ANNUAL PAYMENT</b> (full dues amount due with application by check or credit card)	\$155.00
<input type="checkbox"/> <b>MONTHLY ELECTRONIC FUNDS TRANSFER</b> (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)	\$13.41

<b>SPECIAL FULL MEMBERSHIP</b> (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"/> <b>ANNUAL PAYMENT</b> (full dues amount due with application by check or credit card)	\$77.50
<input type="checkbox"/> <b>MONTHLY ELECTRONIC FUNDS TRANSFER</b> (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)	\$6.96

<b>STATE INDIVIDUAL MEMBERSHIP (SIM)</b> (Includes benefits of the Missouri Nurses Association only)		
CHECK ONE PAYMENT OPTION BELOW:	SIM NEW	SIM RENEWAL
<input type="checkbox"/> <b>ANNUAL PAYMENT</b> (full dues amount due with application by check or credit card)	\$173.75	\$210.25
<input type="checkbox"/> <b>MONTHLY ELECTRONIC FUNDS TRANSFER</b> (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)	\$14.98	\$18.02

<b>E&amp;GW FULL MEMBERSHIP</b> (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"/> <b>ANNUAL PAYMENT</b> (full dues amount due with application by check or credit card)	\$340.16
<input type="checkbox"/> <b>MONTHLY ELECTRONIC FUNDS TRANSFER</b> (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)	\$28.86
<input type="checkbox"/> <b>PAYROLL DEDUCTION</b> (ONLY available where there is an agreement between MONA and certain collective bargaining units (listed above) to make such deduction)	\$28.35 month
Member Signature _____ (Must have signature for Payroll Deduction payment)	



**Questions? Please contact Missouri Nurses Association**

**Phone: 573-636-4623, x226**

**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.