

► **Step One** All **bold blue** text fields in Step One are required to process this application.

Name _____ **Social Security #** (last 4 digits only) _____

Job Title _____ Credentials _____ **Birthdate** ____ / ____ / ____

Employer _____ Specialty _____

Home Address _____

City _____ **State** _____ **ZIP/Postal Code** _____ **Province** _____ **Country** _____

Preferred Contact Number Home or Work or Cell (check one)

Home _____ Work _____ Cell _____

Preferred E-mail Address Home or Work (check one)

Home _____ Work _____

Referred By _____ State Council _____ State Chapter _____

Please exclude my name from ENA's mailing list when it is provided to other organizations for educational and other offerings.

►► **Step Two** Choose the membership category that's right for you.

Membership Type	Term	Dues	AZ/CO/FL/MA/NC/SC Residents Dues	CA Residents Dues
<input type="checkbox"/> Active Member (RN) Professional registered nurse licensed in the U.S.	1 Year	<input type="checkbox"/> \$100	<input type="checkbox"/> \$105	<input type="checkbox"/> \$121
	3 Year	<input type="checkbox"/> \$250	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315
	5 Year	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400	<input type="checkbox"/> \$485
	Lifetime	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,315	<input type="checkbox"/> \$1,525
<input type="checkbox"/> Affiliate Member (LPN, LVN, EMT) A health care professional, or related field, who is not a registered nurse, student nurse or NSNA member.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Senior Member (RN) Professional registered nurse (RN) who is licensed in the U.S. and is 65 years or older.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Military Member (RN) Professional registered nurse licensed in the U.S. and currently serving in the armed forces, is part of the military reserves, or is retired after 20 years of active service. APO/FPO address includes national membership and the option to be affiliated with your choice of state council and chapter. Military pay grade required to be eligible for military rate: _____	1 Year	<input type="checkbox"/> \$90	<input type="checkbox"/> \$95	<input type="checkbox"/> \$111
<input type="checkbox"/> Nursing Student/NSNA Member Nursing student enrolled in primary nursing education and is a current NSNA member. NSNA Member Number is required to be eligible for NSNA rate: _____	1 Year	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38
<input type="checkbox"/> Nursing Student Member Nursing student enrolled in primary nursing education.	1 Year	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<input type="checkbox"/> International Member Professional registered nurse (licensed or equivalent) and residing outside the U.S. or Guam. Includes national membership and the option to be affiliated with your choice of state council and chapter.	1 Year	<input type="checkbox"/> \$100		

►►► **Step Three** Calculate your payment.

Tax deductible donation to ENA Foundation

\$ _____

The ENA Foundation's mission is to provide funding for field research and undergraduate and graduate level scholarships for emergency nurses.

Payment Amount

Dues	\$
ENA Foundation Donation	\$
TOTAL	\$

► To complete the application process, see other side. ►

▶▶▶▶ **Step Four** Choose your payment method.

Check or money order: Check or money order made payable to ENA (U.S. dollars only).

Credit card: Provide credit card information below.

Credit Card # _____	Expiration Date _____
Security Code (last three digits on the back side of Discover, MasterCard and Visa; last four digits on front of American Express) _____	
Name (as it appears on your credit card) _____	
Signature _____	Date _____

Automatic Installment Plan: This plan is only available for *multiple year memberships of three, five or lifetime*. There is an additional \$1 processing fee for each payment. Automatic payments will be drafted from your credit/debit card. Provide account information in the above box.

▶▶▶▶▶ **Step Five** Submit your completed membership application along with payment today!

To join ENA apply online at www.ena.org (credit cards only), call us direct at 800-900-9659 8:30 a.m. - 5:00 p.m. (CT) Monday through Friday; send your application form to: Emergency Nurses Association, P.O. Box 1005, Bedford Park, IL 60499-1005; or fax your form to 847-460-4002.

Your dues are not deductible as a charitable expense. A portion may be deductible as a business expense. Be sure to consult your tax advisor. A portion of your payment will be remitted to your State Council as dues and, in some cases, a portion will be remitted to your local chapter as dues. Donations to ENA Foundation are tax deductible.

Join ENA today!

For \$100* a year – less than 30 cents a day or two lattes a month – you will receive all member benefits and begin connecting with your peers and strengthening your nursing skills.

Plus, save with group memberships.

Round up your colleagues and cash in on a real deal. When you gather a group of five or more new members, each new member will save \$10. *To be eligible for the discount rate, group memberships must be pre-approved and accompanied by an authorization letter.* Call Member Services today at 800-900-9659 for more information. Group discount rate applies to registered nurses only.

* Dues for Arizona, Colorado, Florida, Massachusetts, North Carolina and South Carolina are \$105 year. California dues are \$121.

