

Application for Former Members of NSNA / NCANS!!!

NORTH CAROLINA NURSES ASSOCIATION



CONTACT INFORMATION

(Please Type or Print)

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 _____ State _____ ZIP _____

County _____ SS# _____ - _____ - _____

Work Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

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) _____ /State _____

I was recruited to join NCNA by: _____

NCNA Mission Statement

The North Carolina Nurses Association (NCNA) serves the changing needs of its members, addresses nursing issues and advocates for the health and well-being of all people.

Reminders:

- All checks made payable to 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. For estimated lobbying costs, go to www.ncnurses.org.

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 at the discounted rate of \$35 for your first year and then take advantage of the three-year-sliding scale for dues payment!

Special Membership Rates

This rate is for membership in both the state (NCNA) and national (ANA) levels!

- Year One — \$35
- Year Two — \$70
- Year Three — \$140
- Year Four — Full Dues

PAYMENT—Check/Money Order (mailed applications only)

I enclose a check/MO payable to North Carolina Nurses Association:

Check/MO# _____ \$ _____

PAYMENT—Credit Card Authorization

VISA M/C EXP DATE: _____ \$ _____

CARD NUMBER:

PRINT NAME AS IT APPEARS ON CARD:

CARDHOLDER'S SIGNATURE:

Date of Application: _____

____/____/____

NCNA OFFICE USE:

EMAIL & WEB:
rns@ncnurses.org
www.ncnurses.org

TOLL FREE: 800.626.2153
LOCAL: 919.821.4250
FACSIMILE: 919.829.5807

HEADQUARTERS:
103 ENTERPRISE ST
RALEIGH NC 27607

MAIL:
PO BOX 12025
RALEIGH NC 27605

THE VOICE FOR NORTH CAROLINA'S
REGISTERED NURSES SINCE 1902