

KENTUCKY NURSES ASSOCIATION  
MEMBERSHIP APPLICATION FORM

How Did You Hear About KNA? \_\_\_\_\_

Mrs.     Ms.     Miss     Mr.

**Last Name:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Middle Name:** \_\_\_\_\_  
**Maiden Name:** \_\_\_\_\_  
**Nick Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City / State / Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Home E-mail:** \_\_\_\_\_  
**RN Licensure Number:** \_\_\_\_\_  
**State of Licensure:** \_\_\_\_\_

**All Credentials:** \_\_\_\_\_  
**Graduation Month & Year:** \_\_\_\_\_  
**Pre-Licensure Program:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Employer City / State / Zip Code:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_  
**Work Fax:** \_\_\_\_\_  
**Work E-Mail:** \_\_\_\_\_  
State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. Consult your tax advisor.

**I. MEMBERSHIP CATEGORIES**  
(choose one)

\_\_\_\_\_ **FULL MEMBER (Select One)**  
\_\_\_\_\_ Full Membership / Full Time Employment  
\_\_\_\_\_ Full Membership / Part Time Employment

\_\_\_\_\_ **ASSOCIATE MEMBER (Receives Full Benefits)**  
**(Select One)**  
\_\_\_\_\_ 1) RN enrolled in at least half time study as defined in KNA policies\* \* **School**

\_\_\_\_\_ **(KNA reserves the right to verify enrollment)**

\_\_\_\_\_ 2) Graduate of prelicensure program within one year of graduation

\_\_\_\_\_ **(KNA reserves the right to verify enrollment)**

\_\_\_\_\_ 3) Registered nurse not employed

\_\_\_\_\_ **SPECIAL MEMBER (select one)**  
\_\_\_\_\_ 1) Registered nurse who is retired and not actively employed in nursing  
\_\_\_\_\_ 2) Registered nurse who is currently unemployed as nurse due to disability  
\_\_\_\_\_ 3) Impaired registered nurse with limited membership

**II. PAYMENT OPTIONS**  
(Amount Includes ANA/KNA/District Membership)

**FULL MEMBER**  
\_\_\_\_\_ Monthly - \$23.92 - Withdrawal from your checking account. (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section)  
\_\_\_\_\_ Annual - \$287.00 - Enclose check or pay by credit card

**ASSOCIATE MEMBER**  
\_\_\_\_\_ Monthly - \$11.96 - Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section.)  
\_\_\_\_\_ Annual - \$143.50 - Enclose check

**SPECIAL MEMBER**  
\_\_\_\_\_ Monthly - \$5.98 - Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section)  
\_\_\_\_\_ Annual - \$71.75 - Enclose check

**\*MONTHLY BANK DRAFT**  
In order to provide for convenient monthly payments to American Nurses Association, Inc (ANA), this is to authorize ANA to withdraw 1/12 of my annual dues from my checking account on the 15th of each month; ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice; the undersigned may cancel this authorization upon written receipt by the 15th of each month

\* \_\_\_\_\_  
Signature for Bank Draft Authorization

NOTE: Your dues include the following annual subscriptions: **The American Nurse, the American Nurse Today, and The Kentucky Nurse**

Make Checks Payable to: AMERICAN NURSES ASSOCIATION

KNA Use Only

MAIL CHECK AND APPLICATION TO:

KENTUCKY NURSES ASSOCIATION  
200 Whittington Parkway, Suite 101  
Louisville, KY 40222-4900  
Tel: (502) 637-2546 or 800-348-5411  
Fax: (502) 637-8236

State \_\_\_\_\_ District \_\_\_\_\_

Exp. Date \_\_\_\_\_ Payment Code \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

TO PAY USING A BANK CARD

\_\_\_\_\_  
Visa / Mastercard                      Card Expiration Date

\_\_\_\_\_  
Signature

fold here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kentucky Nurses Association  
200 Whittington Parkway, Suite 101  
Louisville, KY 40222-4900

fold here \_\_\_\_\_

