

# 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

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

## II. PAYMENT OPTIONS

(Amount Includes ANA/KNA/District Membership)

\_\_\_\_\_ **FULL MEMBER**

- \_\_\_\_\_ Monthly - \$24.75 - Withdrawal from your checking account. (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section)

- \_\_\_\_\_ Annual - \$291.00 - Enclose check or pay by credit card

\_\_\_\_\_ **ASSOCIATE MEMBER**

- \_\_\_\_\_ Monthly - \$12.63 - Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section.)

- \_\_\_\_\_ Annual - \$145.50 - Enclose check

\_\_\_\_\_ **SPECIAL MEMBER**

- \_\_\_\_\_ Monthly - \$6.56 - Withdrawal from your checking account (Enclose check for 1st month payment. Signature is required below.\* See **monthly bank draft** section)

- \_\_\_\_\_ Annual - \$72.75 - 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

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 \_\_\_\_\_

