



Last Name/First Name/Middle Initial	Social Security Number	Basic School of Nursing
Street or P.O. Box	Home Phone	Graduation (Month/Year)
Additional street address space, if needed	Home Fax	R.N. License Number & State
City, State, & Zip	County of Residence	Date of Birth Gender
Email Address	Ethnicity (Optional)	Political Party (Optional)
Employer	Work Phone	Work Fax
Employer Address, City, State & Zip		
Email Address (if different from above)	Work Setting	Position

Membership Category

M Full Membership Dues

- Employed full-time

R Reduced Membership Dues

- Employed part-time (25 hours or less per week)
- Full-time student
- New Graduate from basic nursing education program, within six months of graduation, first year membership only
- 62 years of age or over and not earning more than Social Security System allows

S Special Membership Dues

- 62 years of age or over and not employed
- Totally disabled

Functional Area: (Please check all that apply)		
<input type="checkbox"/> NP	<input type="checkbox"/> CNS	<input type="checkbox"/> Education
<input type="checkbox"/> CNM	<input type="checkbox"/> CRNA	<input type="checkbox"/> Staff Nurse
<input type="checkbox"/> Research	<input type="checkbox"/> Administration	

***PLEASE SEE DUES SHEET ON OPPOSITE SIDE OF THIS APPLICATION.**

Payment Plans

Full Annual Payment

- Check
- Credit Card

 Visa/MasterCard Number

 Card Expiration Date

Electronic Payment (E-Pay)

E-pay is the easy way to pay. Read, sign the authorization, and enclose a check for the first month's payment. 1/12 of your annual dues (\$.34/month processing fee) will be withdrawn from your checking account each month.

Electronic Payment Authorization

This is to authorize monthly electronic payments to the Wisconsin Nurses Association (WNA). By signing below, I authorize WNA to withdraw 1/12 of my annual dues and any additional services fees from my checking account each month on or after the 15th day of each month using the account designated by the enclosed check for the first month's payment. WNA is authorized to change the amount by giving the undersigned sixty (60) days written notice. Undersigned may cancel this authorization upon receipt by WNA of written notification of termination twenty (20) days prior to deduction date indicated above. WNA will charge a \$10.00 fee for any returned drafts.

E-pay Authorization Signature

Payroll Deduction

This payment plan is available only where there is an agreement between your employer and the association to make such a deduction. Please contact the office for more information.

Payroll Deduction Signature

Note: \$7.50 of your dues is for a subscription to *The American Nurse*, \$14.00 is for a subscription to the *American Journal of Nursing*, and \$5.50 is for a subscription to the *STAT Bulletin*. Do not deduct this from your dues payment. Constituent member associations dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. The percentage of dues used for lobbying by WNA is not deductible as a business expense, however. Please contact the office for this percentage.

TO BE COMPLETED BY CMA

State ____ District ____ Region ____

Expiration Date ____/____

APPROVED BY _____

Amount Enclosed ____ Check # ____

Credit Card Authorization _____

Date & Amount Charged _____

Date Entered _____

**PLEASE MAKE CHECK PAYABLE AND RETURN APPLICATION TO: WNA, 6117 Monona Drive, Madison, WI 53716
 PHONE: 608-221-0383; 1-800-362-3959
 FAX: 608-221-2788**