



MNA MEMBERSHIP APPLICATION

For assistance contact MNA at 601-898-0670 or email us at mna@msnurses.org

Who recruited you to join MNA? _____

REQUIRED INFORMATION

First Name/MI/Last Name

Date of Birth

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone No. - **Required Preference** Home Cell

City/State/Zip

County – to determine MNA District

Email Address - **Required**

PROFESSIONAL INFORMATION

Employer

Current Position Title: (eg: Staff Nurse)

Work Setting (eg: Hospital, Clinic, Nursing Home)

Required: What is your primary role in nursing (position description)

Clinical Nurse/Staff Nurse

Nurse Manager/Nurse Executive (incl. Director/CNO)

Nurse Educator or Professor

Not currently working in nursing

Advanced Practice Registered Nurse (NP, CNS, CRNA)

Other nursing position

Practice Area (eg: Pediatrics, Ortho)

RN License Number – **Required**

Current Employment Status: (eg: full-time nurse)

WAYS TO PAY

MONTHLY PAYMENT: RN - \$15.75 APRN - \$24.09

CHECKING ACCOUNT - ATTACH CHECK FOR FIRST MONTH'S PAYMENT
CHECKING I AUTHORIZE MONTHLY RECURRING ELECTRONIC PAYMENTS TO MNA FROM MY CHECKING ACCOUNT WHICH WILL BE DRAFTED ON OR AFTER THE 15TH DAY OF EACH MONTH ACCORDING TO THE TERMS AND CONDITIONS BELOW. PLEASE ENCLOSE A CHECK FOR THE FIRST MONTH'S PAYMENT. THE ACCOUNT DESIGNATED BY THE ENCLOSED CHECK WILL BE USED FOR THE RECURRING PAYMENTS.

CREDIT CARD

CREDIT CARD I AUTHORIZE MONTHLY RECURRING ELECTRONIC PAYMENTS TO MNA BE CHARGED TO MY CREDIT OR DEBIT CARD ON OR AFTER THE 15TH OF EACH MONTH ACCORDING TO THE TERMS AND CONDITIONS BELOW.

MONTHLY ELECTRONIC DEDUCTION PAYMENT AUTHORIZATION SIGNATURE

I UNDERSTAND THAT I MAY CANCEL THIS AUTHORIZATION BY PROVIDING MNA WRITTEN NOTICE TWENTY (20) DAYS PRIOR TO DEDUCTION. I UNDERSTAND THAT MNA WILL PROVIDE THIRTY (30) DAYS NOTICE OF ANY DUES RATE CHANGES BY WEB POST AT WWW.MSNURSES.ORG. ALSO, A \$10 CHARGE WILL BE APPLIED TO MY ACCOUNT FOR ALL DECLINED PAYMENTS. I UNDERSTAND THAT MY DUES DEDUCTIONS WILL CONTINUE AND MY MEMBERSHIP WILL AUTO-RENEW ANNUALLY UNLESS I CANCEL.

ANNUAL PAYMENT: RN \$183.00 APRN \$283.00

Check Credit Card

MEMBERSHIP DUES

DUES:.....\$ _____

MNA PAC CONTRIBUTION (optional)..\$ _____

TOTAL DUES AND CONTRIBUTIONS....\$ _____

CREDIT CARD INFORMATION

CREDIT CARD NUMBER

EXPIRATION DATE

CVV CODE

AUTHORIZATION SIGNATURE

NAME ON CARD

CREDIT CARD BILLING ADDRESS

CITY/STATE/ZIP

MNA dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. However, that percentage of dues paid for lobbying (12%) is not deductible as a business expense. \$49 of your membership dues is for a subscription to American Nurse Today. Please consult your tax advisor. **Cancellation of membership must be made in writing a minimum of twenty (20) days prior to next scheduled dues payment.**



ONLINE
JOIN INSTANTLY AT
MSNURSES.ORG



MAIL: MNA
31 WOODGREEN PL
MADISON, MS 39110



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FAX 601-898-0190