



# Application for Nurses Association Membership

31 Woodgreen Place – Madison, MS 39110 – (601) 898.0670 – Fax: (601) 769.4201

e-mail: [mna@msnurses.org](mailto:mna@msnurses.org) – join online at [www.msnurses.org](http://www.msnurses.org)

(Please Print) Check one: \_\_\_\_\_ New Application \_\_\_\_\_ Renewal/Reinstatement \_\_\_\_\_ Change of Payment Method

**Please tell us who recruited you to join MNA:** \_\_\_\_\_

First Name/Middle Name/Last Name	Birth Date																														
Street Address/ P O Box	County (Required - this will determine your MNA District)																														
City, State, Zip	Preferred e-mail address – Required for login, receiving MNA communications and Members Only Newsletter																														
Home Phone ( ) Work Phone ( )	Work e-mail address																														
Home Fax ( ) Work Fax ( )	Basic School of Nursing																														
Employer Name	Graduation (Basic School of Nursing): Month, Year																														
Employer Address	State / RN License Number <b>REQUIRED FOR MEMBERSHIP</b>																														
Employer City, State, Zip	Area of Practice Credentials/Degree																														
<b>Select Membership Type</b> <b>PREMIER MEMBERSHIP:</b> (Premier Membership includes additional benefits not included in Standard Membership, i.e., additional ANCC certification discount) <table border="0"><tr><td>RN DUES .....</td><td><b>Annual</b></td><td><b>Monthly</b></td></tr><tr><td></td><td><input type="checkbox"/> \$302.00</td><td><input type="checkbox"/> \$25.77</td></tr><tr><td>ADVANCED PRACTICE DUES.....</td><td><input type="checkbox"/> \$402.00</td><td><input type="checkbox"/> \$34.11</td></tr></table> <b>REDUCED DUES:</b> <input type="checkbox"/> Full-time graduate student (include proof of 9 HRS minimum and graduation date: _____) <input type="checkbox"/> Not employed <input type="checkbox"/> New graduate (from basic nursing education program within six months of graduation, first year only) <input type="checkbox"/> 62 years of age or older and not earning more than Social Security allows <table border="0"><tr><td>RN REDUCED DUES.....</td><td><input type="checkbox"/> \$151.00</td><td><input type="checkbox"/> \$17.69</td></tr><tr><td>ADVANCED PRACTICE REDUCED DUES.....</td><td><input type="checkbox"/> \$201.00</td><td><input type="checkbox"/> \$21.86</td></tr></table> <b>SPECIAL DUES:</b> <input type="checkbox"/> 62 years of age or older and not employed <input type="checkbox"/> Totally disabled <table border="0"><tr><td>RN SPECIAL DUES .....</td><td><input type="checkbox"/> \$100.50</td><td><input type="checkbox"/> \$10.40</td></tr><tr><td>ADVANCE PRACTICE SPECIAL DUES .....</td><td><input type="checkbox"/> \$125.50</td><td><input type="checkbox"/> \$12.48</td></tr></table> <b>STANDARD MEMBERSHIP:</b> <table border="0"><tr><td></td><td><b>Annual</b></td><td><b>Monthly</b></td></tr><tr><td>STANDARD RN DUES.....</td><td><input type="checkbox"/> \$183.00</td><td><input type="checkbox"/> \$15.75</td></tr><tr><td>STANDARD ADVANCED PRACTICE DUES.....</td><td><input type="checkbox"/> \$283.00</td><td><input type="checkbox"/> \$24.09</td></tr></table> <b>Select Annual or Monthly Payment Preference</b> <input type="checkbox"/> I want to make one full ANNUAL payment by: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX  <input type="checkbox"/> I want to pay MONTHLY (12 month minimum) using: <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX	RN DUES .....	<b>Annual</b>	<b>Monthly</b>		<input type="checkbox"/> \$302.00	<input type="checkbox"/> \$25.77	ADVANCED PRACTICE DUES.....	<input type="checkbox"/> \$402.00	<input type="checkbox"/> \$34.11	RN REDUCED DUES.....	<input type="checkbox"/> \$151.00	<input type="checkbox"/> \$17.69	ADVANCED PRACTICE REDUCED DUES.....	<input type="checkbox"/> \$201.00	<input type="checkbox"/> \$21.86	RN SPECIAL DUES .....	<input type="checkbox"/> \$100.50	<input type="checkbox"/> \$10.40	ADVANCE PRACTICE SPECIAL DUES .....	<input type="checkbox"/> \$125.50	<input type="checkbox"/> \$12.48		<b>Annual</b>	<b>Monthly</b>	STANDARD RN DUES.....	<input type="checkbox"/> \$183.00	<input type="checkbox"/> \$15.75	STANDARD ADVANCED PRACTICE DUES.....	<input type="checkbox"/> \$283.00	<input type="checkbox"/> \$24.09	<b>If paying by credit card, please provide the following:</b> Card number: _____ Expires ____ / ____ CVV Code _____ Name as it appears on card: _____ _____ The card statement is mailed to <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other Credit Card Statement Address - if Other is checked Address _____ City _____ ST _____ Zip _____ If monthly payments are selected, you authorize MNA to charge your card on or after the 15 <sup>th</sup> of each month for dues and fees. MNA will charge a \$10 fee for any declined payments. MNA is authorized to change the draft amount by posting notice at <a href="http://www.msnurses.org">www.msnurses.org</a> at least 30 days prior. Undersigned may cancel this authorization upon receipt by MNA of written notice twenty (20) days prior to the deduction date of the 15 <sup>th</sup> of each month after annual commitment. I agree to the following <b>Monthly Dues</b> \$ _____ <b>If Dues are Declined – (Past + Current) + \$10.00 Service Charge \$ _____</b> (2 months) _____ <b>Credit Card Payment Authorization Signature</b> _____  <b>Payroll Deduction Plan</b> This plan is available only where there is an agreement between the employer and MNA. <b>Contact your employer (or MNA) to see if this plan is available.</b> I understand that (check one): <input type="checkbox"/> \$25.17 for Premier RN <input type="checkbox"/> \$33.51 for Premier Advanced Practice <input type="checkbox"/> \$15.75 for Standard RN <input type="checkbox"/> \$24.09 for Standard Advanced Practice will be deducted from my paycheck every month. Please provide a copy of this signed application to your employer and to MNA. This is an annual commitment and automatically renews in your anniversary month. Cancellation must be made through your employer. _____ Payroll Deduction Authorization Signature:
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<b>If paying monthly by Electronic Funds Transfer:</b> Please enclose a voided check and sign below. By signing below, you authorize MNA to draft your monthly membership dues and any additional service fees from your checking account on or after the 15 <sup>th</sup> day of each month using the account designated by the enclosed check. MNA is authorized to change the draft amount by posting notice at <a href="http://www.msnurses.org">www.msnurses.org</a> at least 30 days prior. Undersigned may cancel this authorization upon receipt by MNA of written notice twenty (20) days prior to the deduction date of the 15 <sup>th</sup> of each month after annual commitment. MNA will charge a \$10 fee for any returned drafts. I agree to the following: <b>Monthly Dues \$ _____</b> <b>If Dues are Declined – (Past + Current) + \$10.00 Service Charge \$ _____</b> (2 months) _____ <b>Electronic Funds Transfer Authorization Signature</b> _____																															
<b>MNA – PAC Contribution</b> I want to contribute to the MNA Political Action Committee <table border="0"><tr><td><b>Monthly \$ _____</b></td><td><input type="checkbox"/> Credit Card listed above</td><td><b>One Time Only \$ _____</b></td><td><input type="checkbox"/> Credit Card listed above</td></tr><tr><td></td><td><input type="checkbox"/> EFT listed above</td><td></td><td><input type="checkbox"/> Check enclosed</td></tr></table> <u>Payroll Deduction is not available for monthly contributions to the PAC</u>		<b>Monthly \$ _____</b>	<input type="checkbox"/> Credit Card listed above	<b>One Time Only \$ _____</b>	<input type="checkbox"/> Credit Card listed above		<input type="checkbox"/> EFT listed above		<input type="checkbox"/> Check enclosed																						
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Mississippi Nurses Association 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. \$49.00 of MNA member dues is for a subscription to <i>American Nurse</i> . Please consult your tax advisor. <b>Cancellation of membership must be made in writing a minimum of twenty (20) days prior to next scheduled dues payment. Membership is an annual commitment. Early termination of monthly payment plan will result in balance of yearly dues payable upon cancellation.</b>																															