



# Join ENA today!

## ► Step One All bold blue text fields in Step One are required to process this application.

**Name** \_\_\_\_\_ **Social Security #** (last 4 digits only) \_\_\_\_\_  
 Job Title \_\_\_\_\_ Credentials \_\_\_\_\_ **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Employer \_\_\_\_\_ Specialty \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP/Postal Code** \_\_\_\_\_ **Province** \_\_\_\_\_ **Country** \_\_\_\_\_  
**Preferred Contact Number**  Home or  Work or  Cell (check one)  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
**Preferred E-mail Address**  Home or  Work (check one)  
 Home \_\_\_\_\_ Work \_\_\_\_\_  
 Referred By \_\_\_\_\_ State Council \_\_\_\_\_ State Chapter \_\_\_\_\_  
 Please exclude my name from ENA's mailing list when it is provided to other organizations for educational and other offerings.

## ►► Step Two Choose the membership category that's right for you.

Membership Type	Term	Dues	AZ/CO/FL/MA/NC/SC Residents Dues	CA Residents Dues
<input type="checkbox"/> <b>Active Member (RN)</b> Professional registered nurse licensed in the U.S.	1 Year	<input type="checkbox"/> \$100	<input type="checkbox"/> \$105	<input type="checkbox"/> \$125
	3 Year	<input type="checkbox"/> \$250	<input type="checkbox"/> \$265	<input type="checkbox"/> \$325
	5 Year	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
	Lifetime	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,315	<input type="checkbox"/> \$1,575
<input type="checkbox"/> <b>Affiliate Member (LPN, LVN, EMT)</b> A health care professional, or related field, who is not a registered nurse, student nurse or NSNA member.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85
<input type="checkbox"/> <b>Senior Member (RN)</b> Professional registered nurse (RN) who is licensed in the U.S. and is 65 years or older.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85
<input type="checkbox"/> <b>Military Member (RN)</b> Professional registered nurse licensed in the U.S. and currently serving in the armed forces, is part of the military reserves, or is retired after 20 years of active service. APO/FPO address includes national membership and the option to be affiliated with your choice of state council and chapter. <b>Military pay grade required to be eligible for military rate:</b> _____	1 Year	<input type="checkbox"/> \$90	<input type="checkbox"/> \$95	<input type="checkbox"/> \$115
<input type="checkbox"/> <b>Nursing Student/NSNA Member</b> Nursing student enrolled in primary nursing education and is a current NSNA member. <b>NSNA Member Number is required to be eligible for NSNA rate:</b> _____	1 Year	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38
<input type="checkbox"/> <b>Nursing Student Member</b> Nursing student enrolled in primary nursing education.	1 Year	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<input type="checkbox"/> <b>International Member</b> Professional registered nurse (licensed or equivalent) and residing outside the U.S. or Guam. Includes national membership and the option to be affiliated with your choice of state council and chapter.	1 Year	<input type="checkbox"/> \$100		

## ►►► Step Three Calculate your payment.

### Tax deductible donation to ENA Foundation

\$ \_\_\_\_\_

The ENA Foundation's mission is to provide funding for field research and undergraduate and graduate level scholarships for emergency nurses.

### Payment Amount

Dues	\$
ENA Foundation Donation	\$
<b>TOTAL</b>	<b>\$</b>

► To complete the application process, see other side. ►

▶▶▶▶ **Step Four** Choose your payment method.

**Check or money order:** Check or money order made payable to ENA (U.S. dollars only).

**Credit card:** Provide credit card information below.

<b>Credit Card #</b> _____	<b>Expiration Date</b> _____
<b>Security Code</b> (last three digits on the back side of Discover, MasterCard and Visa; last four digits on front of American Express) _____	
<b>Name</b> (as it appears on your credit card) _____	
<b>Signature</b> _____	<b>Date</b> _____

**Automatic Installment Plan:** This plan is only available for *multiple year memberships of three, five or lifetime*. There is an additional \$1 processing fee for each payment. Automatic payments will be drafted from your credit/debit card. Provide account information in the above box.

▶▶▶▶▶ **Step Five** Submit your completed membership application along with payment today!

To join ENA apply online at [www.ena.org](http://www.ena.org) (credit cards only), call us direct at 800-900-9659 8:30 a.m. - 5:30 p.m. (CT) Monday through Friday; send your application form to: Emergency Nurses Association, P.O. Box 1005, Bedford Park, IL 60499-1005; or fax your form to 847-460-4002.

Your dues are not deductible as a charitable expense. A portion may be deductible as a business expense. Be sure to consult your tax advisor. A portion of your payment will be remitted to your State Council as dues and, in some cases, a portion will be remitted to your local chapter as dues. Donations to ENA Foundation are tax deductible.

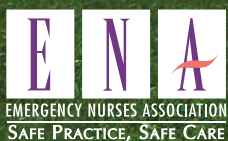
## Join ENA today!

For \$100\* a year – less than 30 cents a day or two lattes a month – you will receive all member benefits and begin connecting with your peers and strengthening your nursing skills.

### Plus, save with group memberships.

Round up your colleagues and cash in on a real deal. When you gather a group of five or more new members, each new member will save \$10. *To be eligible for the discount rate, group memberships must be pre-approved and accompanied by an authorization letter.* Call Member Services today at 800-900-9659 for more information. Group discount rate applies to registered nurses only.

\* Dues for Arizona, Colorado, Florida, Massachusetts, North Carolina and South Carolina are \$105 year. California dues are \$125.



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