Email

Group **Membership Registration**

Complete the following steps to register yourself for group membership:

1. **Complete all fields from page 2 below and submit electronically to ENA Member Services along with the rest of your group. (Registration forms must be submitted together.)**
2. **ENA Member Services will send an invoice for payment. Payment must be received within 30 days of invoice date. Membership will not be activated until invoice is paid in full.**

Group Membership Coordinator Name (First/Last)

Member Number *(if applicable)*

I am a ☐ New Member ☐ Existing Member → ENA Member Number

Name

Credentials DOB

Title

Organization

Primary Contact Information

(All membership benefits and communications will be sent to the primary address and/or email provided below. Additional contact information can be added to your profile online once your membership is activated.)

Address ◯ Home ◯ Work

Organization Name *(if you selected Work)*

Street

Apt/Unit/Department

City State Zip

Phone ◯ Cell ◯ Home ◯ Work

Email ◯ Home ◯ Work

RETURN ALL COMPLETED FORMS AS A GROUP

Scan & Email *(preferred)*: membership@ena.org

Mail: Emergency Nurses Association • Attn: Member Services • 930 Woodfield Road • Schaumburg IL 60173

CONTACT US

ENA Member Services • membership@ena.org • 800-900-9659 EXT. 6000 • M-F 8:30 a.m. – 5:00 p.m. (CT)