



**Wisconsin Nurses Association Membership Application**  
 American Nurses Association/Center for American Nurses/District Nurses Association

Last Name/First Name/Middle Initial	Basic School of Nursing	Graduation (Month/Year)
Street or P.O. Box	Home Phone	Credentials
Additional street address space, if needed	Home Fax	R.N. License Number & State
City, State, & Zip	County of Residence	Date of Birth      Gender
Home Email Address	Contact Preference (Work/Home)	Contact Method (Phone/Email)
Employer	Work Setting	Position
Employer Address, City, State & Zip		
Work Email Address	Work Phone	Work Fax

**1. MEMBERSHIP CATEGORIES:**

**F Full Membership Dues**

- Employed full-time or part-time and do not fall under the reduced or special membership categories

**R Reduced Membership Dues**

- Student (carrying 5 credits or more per semester) enrolled in a BSN completion program or a Master/Doctorate Degree program (**must verify**)
- 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
- Unemployed

**S Special Membership Dues**

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

<b>For Office Use Only</b>
Dues Schedule: _____
Date Entered: _____
Expiration Date: _____
Check #: _____
Amount: _____
ID #: _____

**2. PAYMENT OPTIONS:**

**Annual Payment**

- Check (payable to WNA)
- Credit Card

\_\_\_\_\_  
 American Express/MasterCard/Visa Number

\_\_\_\_\_  
 Card Expiration Date

\_\_\_\_\_  
 Signature

**Monthly Payment**

**Monthly Debit or Credit Card Payment**

This is to authorize monthly electronic payments to the Wisconsin Nurses Association (WNA). By signing below I authorize WNA to charge my debit or credit card for 1/12 of my annual dues each month on or after the 15<sup>th</sup> of each month using the designated card. (Includes monthly service charge of \$.50)

\_\_\_\_\_  
 American Express/MasterCard/Visa Number

\_\_\_\_\_  
 Card Expiration Date

\_\_\_\_\_  
 Signature

**3. FUNCTIONAL AREAS:**

(check all that apply)

<input type="checkbox"/> Admin/Manager	<input type="checkbox"/> CNM
<input type="checkbox"/> CNS	<input type="checkbox"/> Community Health
<input type="checkbox"/> Correctional Health	<input type="checkbox"/> CRNA
<input type="checkbox"/> Education	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> NP	<input type="checkbox"/> Parish Nurse
<input type="checkbox"/> Research	<input type="checkbox"/> Retired
<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> Other

*Constituent member association dues are not deductible as a charitable contribution for tax purposes, but may be deductible as a business expense. The percentage of dues used by WNA for lobbying is not deductible; please contact the WNA office for this percentage.*

**Please send your completed application to:**  
**Wisconsin Nurses Association**  
**6117 Monona Drive**  
**Madison, WI 53716**

**To join online go to:**  
[www.wisconsinnurses.org](http://www.wisconsinnurses.org)

**PHONE: 608-221-0383; 1-800-362-3959**  
**FAX: 608-221-2788**  
**info@wisconsinnurses.org**