



Wisconsin Nurses Association Membership Application
 American Nurses Association/Wisconsin Nurses Association/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:

Full Membership Dues

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

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

Special Membership Dues

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

For Office Use Only
Check #: _____
Amount: _____

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 15th of each month using the designated card. (Includes monthly service charge of \$.50) *If paying monthly, must be a member for at least 6 months to qualify for ANCC discounts from ANA.*

_____ 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

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