Montana Nurses Association ~ APRN MEMBERSHIP APPLICATION

20 Old Montana State Highway • Clancy, MT 59634
•Phone 406-442-6710 • Fax (406) 442-1841 • www.mtnurses.org
Please mail or fax application to MNA Office

Date:

Facility Name

Last Name/First Name/M.I.

Date of Hire

Mailing Address

Employment Status (full-time/part-time/PDR)

City/State/Zip Code

Date of initial RN licensure

( )
Cell Phone

Credentials(RN/APRN)

Personal E-mail Address

RN License #

FOR MNA USE ONLY
Process Date:
District:
Dues Amount:$
Pymt Type:
Check # if Applicable
Non-Collective Bargaining Member

MEMBERSHIP CATEGORIES
Choose ONE Below

☐ ****APRN Full Membership ~** $591.50 Annually ($49.29 / month)

☐ ****Professional Reduced Rate - ~** $301.75 Annually ($25.15 / month)

____**New Grad - (1st year of membership only) Must apply within 6 months of obtaining initial RN licensure**

____ **RN in full time study working towards a higher degree (up to 3 years) additional documentation required**

____ **RN 65+ years of age who is licensed**

☐ **Retired Member ~** $156.88 Annually
Date of Retirement _____
(62+ years of age and has ceased employment as a registered nurse)

Name (Printed):

Signature:

**All MNA/ANA APRN membership categories, with the exception of Retired Member, will include an AANP (American Association of Nurse Practitioners) membership.

PAYMENT OPTIONS
Choose ONE Below

☐ **1. ANNUAL PAYMENT IN FULL** (Enclose check payable to **MNA**)

☐ **2. CREDIT CARD PAYMENT** – Monthly or Annually
A $6 Annual ($0.50 monthly)Service Fee will apply to all Electronic Payments

☐ Monthly ☐ Annually

Card #:

MasterCard VISA

Expiration Date:

Month Year

Signature:

Credit Card Payment Authorization Signature

By signing on the line above, I authorize CMA/ANA to charge the credit card listed in the credit card information for the monthly or annual dues plus any additional service fees on the 1st day of the month per month or when annual renewal is due.

☐ 3. **E-PAY**
{**MONTHLY** ELECTRONIC CHECKING ACCOUNT FUNDS TRANSFER (EFT) }
A $6 Annual ($0.50 monthly)Service Fee will apply to all Electronic Payments

Signature:

Monthly EFT Authorization Signature

By signing on the line above, I authorize my Constituent Member Association (CMA/ANA) to withdraw monthly electronic payments of 1/12 of my annual dues and any additional service fees from my account. Please enclose a **void check**. The account designated by the enclosed check will be drawn on or after the 15th of each month

*By signing the Electronic Deduction Authorization, or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days written notice. Above-signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for returned draft or chargeback. *State 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 used for lobbying by MNA is not deductible as a business expense. Please check with MNA for the correct amount.