



MEMBERSHIP APPLICATION

Wyoming Nurses Association
 301 Thelma Drive, Suite 200
 Casper, Wyoming 82609
 Phone: 307-462-2600
www.wyonurse.org

MEMBER DATA

NAME _____ RN LICENSE # _____ BIRTHDATE _____

HOME ADDRESS _____ CITY, STATE, ZIP _____

COUNTY _____ HOME PHONE _____ ALT. PHONE _____

EMAIL _____ EMPLOYER _____

MEMBERSHIP (Choose ONE membership option that best describes you!)

<input type="checkbox"/> Full WNA and ANA Member (\$280 annual/\$23.83 monthly EDPP*) The most cost effective way to join!	<input type="checkbox"/> WNA Only Member Employed, full or part time (\$185 annual/\$15.92 monthly EDPP*)
<input type="checkbox"/> New RN Membership First Two Years as an RN (The rate is good for two years!) (\$140 annual/\$12.17 monthly EDPP*) initial year	<input type="checkbox"/> Senior Retired Member 62 or over, retired (\$84 annual/\$7.50 monthly EDPP*)

PAYMENT OPTION (Check the box or circle for the desired payment option.)

Annual payment by check: Please enclose check in the amount of annual membership total with application.

Monthly Electronic Dues Payment Plan (EDPP) through checking account:
Please read, sign the authorization below and enclose a check for the 1st month EDPP payment. Subsequent payments will be debited from your account. **AUTHORIZATION** to provide monthly electronic payments to ANA: I hereby authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to the deduction date as designated above. ANA charges an annual fee for members paying by EDPP. ANA charges a \$5.00 fee for any return drafts.

 Signature for EDPP Authorization

Payment by Credit Card: (MC or Visa) Monthly Charge to Card Annual Charge to Card

 Card number & expiration date Signature

TO BE COMPLETED BY WNA and the ANA office

State _____ Approved By _____ Date _____ Exp. Month/ Year _____ Amt. Enclosed \$ _____ Check # _____ Region _____