



South Dakota Nurses Association Membership Application

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*LAST NAME / FIRST NAME / MIDDLE INITIAL		CREDENTIALS
*STREET OR PO BOX #	BASIC SCHOOL OF NURSING	HOME PHONE
*CITY / STATE / ZIP	GRADUATION: MONTH / YEAR	WORK PHONE
EMPLOYER NAME	*R. N. LICENSE #	FAX
EMPLOYER ADDRESS / CITY / STATE / ZIP		E-MAIL
TITLE / POSITION	MAJOR CLINICAL, PRACTICE, OR TEACHING AREA	RECRUITED BY

MEMBERSHIP CATEGORIES

PLEASE CHECK ONE

- FULL ANA/SDNA MEMBERSHIP**
RN employed full or part time
- REDUCED 75% OF FULL ANA/SDNA MEMBERSHIP DUES (STUDENT)**
RN enrolled in baccalaureate, masters or doctoral program, at least nine (9) credit hours per calendar year
- REDUCED 50% OF FULL ANA/SDNA MEMBERSHIP DUES (NEW GRADUATES)**
RN who is unemployed
 - OR - over 62 years of age & earning less than maximum allowed receiving Social Security benefits
 - OR - enrolled in baccalaureate, masters or doctoral program, at least 20 credit hours per year
 - OR - RN FIRST YEAR, WITHIN SIX (6) MONTHS AFTER GRADUATION
- REDUCED 25% OF FULL ANA/SDNA MEMBERSHIP DUES (RETIRED)**
 - RN who is over 62 years of age and unemployed
 - OR - who is totally disabled
- SDNA ONLY MEMBERSHIP**
RN employed full or part time

MEMBERSHIP TYPE	MONTHLY (EDPP)	ANNUAL
FULL ANA/SDNA MEMBERSHIP	\$ 22.92	\$269.00
STUDENT ANA/SDNA MEMBERSHIP	\$ 17.32	\$201.75
NEW GRADS ANA/SDNA MEMBERSHIP	\$ 11.71	\$134.50
RETIRED ANA/SDNA MEMBERSHIP	\$ 6.11	\$67.25
SDNA ONLY MEMBERSHIP	\$16.04	\$186.50

PAYMENT OPTIONS

- FULL ANNUAL PAYMENT BY CHECK**
- PAY BY ELECTRONIC DUES PAYMENT PLAN (EDPP)**
 Read, sign the authorization, and enclose a check for the first month's payment (amount shown in bold above); one-twelfth (1/12) of your annual dues will be withdrawn from that checking account monthly, in addition to an annual \$6.00 (50¢ per month) service fee (total is amount above).
AUTHORIZATION: This authorizes ANA to withdraw 1/12 of my annual dues and any additional service fees from the 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 confirmation of termination 20 days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for return drafts.
SIGNATURE FOR EDPP AUTHORIZATION: _____
- PAY BY CREDIT CARD**
 _____ Full annual payment—automatic annual credit card payment (automatic renewal)
 _____ Monthly payment from credit card
 _____ Full annual payment---one year only

_____ Visa/MasterCard _____ Expiration date