

# ANNA Group Membership Form

## CONTACT INFORMATION

Contact Person: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

## GROUP MEMBERSHIP OFFER

Your facility may purchase and/or renew a block of 10 ANNA memberships at the discounted rate of \$75 per membership (\$750 total). Only full memberships (RNs) are eligible for the Group Membership Offer. Two application options are available:

### Application Option #1

Mail, fax, or email the following information to the ANNA National Office: (1) this completed form, (2) a completed ANNA membership application for **each** of your 10 nurses, and (3) payment (\$750).

### Application Option #2

Provide a list of all 10 applicants, including full names, mailing addresses, and email addresses, and your payment choice.

Your facility may choose to provide one payment for all participants OR specify that participants will self-pay online.

If self-paying online, each member of your group will need to complete the online ANNA membership application. ANNA will provide a unique code for your nurses to enter during the online application process that will reduce the membership fee to the discounted group rate of \$75 per membership.

**Download the ANNA membership application at [annanurse.org/join](http://annanurse.org/join)**

## PAYMENT

Check Payable to ANNA     Discover |  Visa     Master Card     American Express

Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
Name of Card Holder: \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_

Complete and return this form to [anna@annanurse.org](mailto:anna@annanurse.org)  
Questions? Go to [annanurse.org/join](http://annanurse.org/join) for more information or contact 888-600-ANNA (2662)