

American Nephrology Nurses Association

Student Membership Application

Contact Information

Name: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____

Telephone: _____

Email: _____

Institution / School Information

Institution/School: _____

Address: _____

City: _____

State: _____ Zip Code: _____

About You

Type of Program

- Associate Degree
- Diploma
- Baccalaureate Pre-Licensure

How did you hear about ANNA?

- NSNA
- Classmate
- Dean/Faculty
- ANNA Member
- Other _____

Ethnicity

- Caucasian/White
- Hispanic or Latino
- African American/Black
- Filipino
- Asian
- American Indian
- Multi-Racial
- Other _____

Mail completed application, proper documentation, with payment to: or, scan your documents and email to anna@annanurse.org

Student Members

Any student within a nursing program leading to licensure as a registered nurse is eligible for student membership. If the student has already attained the status as an RN, the member is considered a full member and student membership does not apply.

Please submit a school transcript (official or unofficial) that shows the program and name of the nursing school in which you are enrolled to the ANNA National Office with this application form and payment.

Student Membership **\$40.00**

Current NSNA Members

Members of the National Student Nurses' Association are invited to join ANNA as virtual members. Virtual members receive all publications and services online.

Please submit a copy of your NSNA membership card to the ANNA National Office with this application form and payment.

NSNA / ANNA Membership **\$10.00**

Payment Information

My check is enclosed for \$ _____
(Make check payable to ANNA in U.S. Funds.)

Charge my credit card in the amount \$ _____
 VISA Mastercard American Express

Credit Card number: _____

Card Security Code: _____
(3-Digit code found on **back** of Visa and Mastercard
4-Digit code on **front** of American Express.)

Expiration date: _____

Signature: _____

Print cardholder's name: _____

Billing address of cardholder if different than above:



East Holly Avenue, Box 56
Pitman, NJ 08071-0056