



# Membership Application

Apply for membership online at [www.ena.org](http://www.ena.org). Or complete this application and mail/fax both pages to Emergency Nurses Association. ALL fields are required to process this application.

## Personal Information

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Organization: \_\_\_\_\_

Primary address: \_\_\_\_\_  Home  Business

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Primary contact number: (please select one and complete below)  Business  Cell  Home

Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Primary e-mail address: (please select one and complete below)  Business  Home

Business: \_\_\_\_\_ Home: \_\_\_\_\_

Please exclude my name from ENA's mailing list when it is provided to other organizations for educational and other offerings.

Referred by: \_\_\_\_\_ State council: \_\_\_\_\_ State chapter: \_\_\_\_\_

## Membership Type and Term

(please select one membership type and term from the reverse side)

## Payment Information (please select one)

Check or money order (payable to ENA in U.S. dollars only)  Credit card

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name: (as it appears on your credit card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tax deductible donation to ENA Foundation



Through the generous support from donors the ENA Foundation is able to provide scholarships, professional development, and research grants to promote the future of emergency nursing.

## Payment Amount

Dues	\$
Suggested Donation	\$ 25.00
<b>TOTAL</b>	<b>\$</b>

Mail your completed membership application form with payment to:  
Emergency Nurses Association, Membership, P.O. Box 83307, Chicago, IL 60691-3307  
or fax to ENA Member Services 847.460.6001

Dues are not deductible as a charitable expense. A portion may be deductible as a business expense. Be sure to consult your tax advisor. A portion of your payment will be remitted to your State Council as dues and, in some cases, a portion will be remitted to your local chapter as dues. Donations to ENA Foundation are tax deductible.

Membership Type	Term	Dues	AZ/CO/FL/ MA/NC/SC Residents Dues	CA Residents Dues
<b>Voting members:</b> have the right to vote, hold elected office, serve on the board of directors, serve on committees, and attend ENA's meetings and social functions.				
<input type="checkbox"/> <b>National Member (RN)</b> Professional registered nurse licensed in the U.S. or its territories. <i>Automatic installment plan available for 3 year, 5 year or Lifetime terms for national members only. For more information, call 1-800-900-9659 before submitting this form.</i>	1 Year	<input type="checkbox"/> \$115	<input type="checkbox"/> \$120	<input type="checkbox"/> \$136
	3 Year	<input type="checkbox"/> \$288	<input type="checkbox"/> \$303	<input type="checkbox"/> \$353
	5 Year	<input type="checkbox"/> \$432	<input type="checkbox"/> \$457	<input type="checkbox"/> \$542
	Lifetime	<input type="checkbox"/> \$1,438	<input type="checkbox"/> \$1,503	<input type="checkbox"/> \$1,713
<input type="checkbox"/> <b>International Member</b> Professional registered nurse (licensed or equivalent) residing outside of the U.S. or its territories. This does allow for the option to be affiliated with your choice of a state council and chapter.	1 Year	<input type="checkbox"/> \$115	-	-
	3 Year	<input type="checkbox"/> \$288	-	-
	5 Year	<input type="checkbox"/> \$432	-	-
	Lifetime	<input type="checkbox"/> \$1,438	-	-
<input type="checkbox"/> <b>Senior Member (RN)</b> Professional registered nurse who is licensed in the U.S. or its territories and is <b>age 65 or older</b> . <b>Date of birth required to be eligible for senior member rate:</b> _____	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> <b>Military Member (RN)</b> Professional registered nurse licensed in the United States, or its territories who is currently serving or has been honorably discharged or retired from the United States Armed Forces including Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components.	1 Year	<input type="checkbox"/> \$104	<input type="checkbox"/> \$109	<input type="checkbox"/> \$125
	3 Year	<input type="checkbox"/> \$259	<input type="checkbox"/> \$274	<input type="checkbox"/> \$324
	5 Year	<input type="checkbox"/> \$391	<input type="checkbox"/> \$416	<input type="checkbox"/> \$501
	Lifetime	<input type="checkbox"/> \$1,294	<input type="checkbox"/> \$1,359	<input type="checkbox"/> \$1,569
<b>Nonvoting members:</b> have the right to serve on ENA committees and attend ENA's meetings and social functions.				
<input type="checkbox"/> <b>Affiliate Member</b> Individual who shares interest in and supports the purpose, mission and objectives of ENA who is not a registered nurse (licensed or equivalent), student nurse or NSNA member.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> <b>Student Nursing Member</b> Nursing student enrolled in a primary nursing education program in the U.S. or its territories, leading to eligibility for licensure as a professional registered nurse. <b>Expected Graduation Date (mm/yyyy):</b> _____	1 Year	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<input type="checkbox"/> <b>NSNA (National Student Nurse Association) Member</b> Nursing student enrolled in a <b>primary nursing education program</b> in the U.S. or its territories, leading to eligibility for licensure as a professional registered nurse, and also a member of NSNA. <b>NSNA Member Number is required to be eligible for NSNA rate:</b> _____ <b>Expected Graduation Date (mm/yyyy):</b> _____	1 Year	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38

### Group Membership

ENA offers a group discount of \$10 off the price of a 1 year National (RN) Membership\* when you gather a group of 5+ new members or 10+ renewing members. Group memberships must be pre-approved and accompanied by an authorization letter. Contact Member Services at 800.900.9659 or [membership@ena.org](mailto:membership@ena.org) for more information.

\*(Multi-year, military, senior, affiliate and student nursing memberships do not qualify due to their already discounted rate.)



915 Lee Street  
 Des Plaines, IL 60016-6569  
 800.900.9659 ext.6000  
[membership@ena.org](mailto:membership@ena.org)  
[www.ena.org](http://www.ena.org)