

Join the ENA Community today!

Apply for membership online at www.ena.org and complete application and pay with a credit card. Or select a membership option below, complete the membership application form and mail/fax both pages to the Emergency Nurses Association (ENA).

Please select one membership option below.

Membership Type	Term	Dues	AZ/CO/FL/ MA/NC/SC Residents Dues	CA Residents Dues
Voting members: have the right to vote, hold elected office, serve on the board of directors, serve on committees, and attend ENA member meetings and social functions.				
<input type="checkbox"/> National Member (RN) Professional registered nurse licensed in the U.S. or its territories. <i>Automatic installment plan available for membership of 3 years, 5 years or Lifetime terms for national members only. For more information, please visit www.ena.org or call 1-800-900-9659 before submitting this form.</i>	1 Year	<input type="checkbox"/> \$100	<input type="checkbox"/> \$105	<input type="checkbox"/> \$121
	3 Year	<input type="checkbox"/> \$250	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315
	5 Year	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400	<input type="checkbox"/> \$485
	Lifetime	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,315	<input type="checkbox"/> \$1,525
<input type="checkbox"/> International Member 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"/> \$100	-	-
	3 Year	<input type="checkbox"/> \$250	-	-
	5 Year	<input type="checkbox"/> \$375	-	-
	Lifetime	<input type="checkbox"/> \$1,250	-	-
<input type="checkbox"/> Senior Member (RN) Professional registered nurse who is licensed in the U.S. or its territories and is age 65 or older . Date of birth required to be eligible for senior member rate: _____	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Military Member (RN) Professional registered nurse licensed in the U.S. or its territories who: a. is serving in the U.S. military (including military reserves or National Guard) or b. has a service-connected medical discharge; or c. has retired after 20 years of active service in the U.S. armed forces or military reserves. Military pay grade required to be eligible for military rate: _____	1 Year	<input type="checkbox"/> \$90	<input type="checkbox"/> \$95	<input type="checkbox"/> \$111
	3 Year	<input type="checkbox"/> \$225	<input type="checkbox"/> \$240	<input type="checkbox"/> \$290
	5 Year	<input type="checkbox"/> \$340	<input type="checkbox"/> \$365	<input type="checkbox"/> \$450
	Lifetime	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,190	<input type="checkbox"/> \$1,400
Nonvoting members: have the right to serve on ENA committees and attend ENA member meetings and social functions.				
<input type="checkbox"/> Affiliate Member (LPN, LVN, EMT) A health care professional or related field, residing in the U.S. or its territories, who is not a registered nurse, student nurse, or NSNA member.	1 Year	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Student Nursing Member 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. Expected Graduation Date (mm/dd/yy): _____	1 Year	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
<input type="checkbox"/> NSNA (National Student Nurse Association) Member 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, and also a member of NSNA. NSNA Member Number is required to be eligible for NSNA rate: _____ Expected Graduation Date (mm/dd/yy): _____	1 Year	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38	<input type="checkbox"/> \$38

Save more with group memberships.

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 today at 800.900.9659 or membership@ena.org for more information on pricing and eligibility.

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

Please complete the membership application form on following page.

Membership Application Form

All **bold text fields are required** to process this application.

Personal Information

Name: _____ **Social security number:** (last 4 digits only) _____

Job title: _____ Credentials: _____ **Birthdate:** _____

Employer: _____ Specialty: _____

Home address: _____ **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: _____

Referred by: _____ State council: _____ State chapter: _____

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

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



The ENA Foundation's mission is to provide funding for field research and undergraduate and graduate level scholarships for emergency nurses.

\$ _____

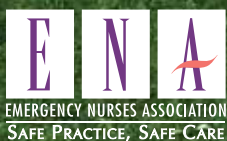
Payment Amount

Dues	\$
ENA Foundation donation	\$
TOTAL	\$

Mail your completed membership application forms to:
Emergency Nurses Association, P.O. Box 1005, Bedford Park, IL 60499-1005

or fax your forms to:
847.460.4001

Your 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.



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