



Membership Application

Apply for membership online at 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)

Interested in Flexible Payment Options? (Learn more at: ena.org/membership-options)

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
TOTAL	\$

Mail your completed membership application form with payment to:

Emergency Nurses Association, Membership, 930 E. Woodfield Road, Schaumburg, IL 60173-4729

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. Flexible Payment options are currently available online only. 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
Voting members: 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"/> National Member (RN) Professional registered nurse licensed in the U.S. or its territories.	1 Year <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> \$115	<input type="checkbox"/> \$120	<input type="checkbox"/> \$136
	3 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$288	<input type="checkbox"/> \$303	<input type="checkbox"/> \$353
	5 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$432	<input type="checkbox"/> \$457	<input type="checkbox"/> \$542
	Lifetime <input checked="" type="checkbox"/>	<input type="checkbox"/> \$1,438	<input type="checkbox"/> \$1,503	<input type="checkbox"/> \$1,713
<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 checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> \$115	-	-
	3 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$288	-	-
	5 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$432	-	-
	Lifetime <input checked="" type="checkbox"/>	<input type="checkbox"/> \$1,438	-	-
<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 <u>required</u> to be eligible for senior member rate: _____	1 Year <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Military Member (RN) 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. Members of international military branches must contact ENA Member Services to learn more about discount options.	1 Year <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> \$104	<input type="checkbox"/> \$109	<input type="checkbox"/> \$125
	3 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$259	<input type="checkbox"/> \$274	<input type="checkbox"/> \$324
	5 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$391	<input type="checkbox"/> \$416	<input type="checkbox"/> \$501
	Lifetime <input checked="" type="checkbox"/>	<input type="checkbox"/> \$1,294	<input type="checkbox"/> \$1,359	<input type="checkbox"/> \$1,569
Nonvoting members: have the right to serve on ENA committees and attend ENA's meetings and social functions.				
<input type="checkbox"/> Affiliate Member 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$81
<input type="checkbox"/> Student Nursing Member – Fees Reduced for 2020! Nursing student enrolled in a primary nursing education program, leading to eligibility for licensure as a professional registered nurse. Expected Graduation Date (mm/yyyy): _____	1 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
<input type="checkbox"/> NSNA (National Student Nurse Association) Member – Fees Reduced for 2020! 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 <u>required</u> to be eligible for NSNA rate: _____ Expected Graduation Date (mm/yyyy): _____	1 Year <input checked="" type="checkbox"/>	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Group Membership ENA offers a group discount of \$10 off select membership packages* when you gather a group of 5+ new or renewing members. Visit ena.org/groupmembership for program eligibility and details. *(Multi-year, military, senior, affiliate and student nursing memberships do not qualify due to their already discounted rate. Additionally, group membership is not eligible for AutoRenew or quarterly installment payments.)				
Flexible Payment Options Enrollment in flexible payment options (AutoRenew and Installments) is available online only at ena.org/membership-options <input checked="" type="checkbox"/> - eligible for AutoRenew (automatic membership renewal) <input checked="" type="checkbox"/> - eligible for quarterly installment payments				