

Retiree Membership Application Form

Join the California Nurses Association/National Nurses United (CNA/NNU) as a Retiree Member! As a Retiree Member, you will be part of a national network of RNs dedicated to advancing the role of RNs as patient advocates. You will also receive a subscription to *National Nurse* magazine and e-mail alerts on critical issues.

RN Information			
<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle Name or Initial)</i>	
<i>(Home Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<i>(Personal Telephone)</i>	<i>(Email Address)</i>		<i>(RN License Number/state)</i>
<i>(Most Recent Employer)</i>	<i>(Retirement Date)</i>	<i>(Scrub Size)</i>	<i>(Last 4 Digits of SSN #)</i>

The current dues rate for Retiree Members is \$5.00 per month or \$60.00 per year.

Please Select One Method of Payment from the Options Below:

1. Electronic Funds Transfer (monthly deduction from your checking account)		
<input type="checkbox"/> Please check here.	Please select transfer date: 5 th <input type="checkbox"/> or 15 th <input type="checkbox"/>	
Please include a VOIDED CHECK in order to authorize CNA/NNU to withdraw your periodic dues from your checking account identified by your voided check.		
2. Credit Card (monthly charge to your credit card)		
<input type="checkbox"/> Please check here.	Please select charge date: 1 st <input type="checkbox"/> or 15 th <input type="checkbox"/>	
Name on Credit Card:		
Credit Card Number:	Exp. Month/Year:	
3. Check (annual only)		
<input type="checkbox"/> Please check here.	Enclose Payment to CNA/NNU for Annual Dues (\$60)	

(Your Signature)

(Date)

Credit Card/EFT: I authorize California Nurses Association/National Nurses United (CNA/NNU) to charge my credit card or deduct from my checking account my monthly Retiree Membership dues on the day selected above, and, if necessary, to initiate any adjustments to correct any charges or deductions made in error. I agree that CNA/NNU is authorized to change the monthly amount in accordance with the CNA/NNU dues policy. Furthermore, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CNA/NNU in writing of any changes in my account information or termination of this authorization at least twenty (20) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for Non Sufficient Funds, I understand that CNA/NNU may at its discretion attempt to process the charge again within thirty (30) days. I certify that I am an authorized user of this credit card or bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions do not violate the terms of this authorization form.