

What is FNA?

For over 100 years, the Florida Nurses Association has been the voice of nursing, representing caregivers in all aspects of nursing and in various arenas. We are a membership driven organization comprised of nurses from diverse practice settings and nursing specialties. We are dedicated to quality care for the citizens of Florida and a safe work environment for all nurses.

In the Work Place...

FNA's work force advocacy programs put the strength of our expert staff at our member's fingertips. Consult with a specialist about your work place issues and receive timely, accurate information to help you in your decision making. Florida Nurses Association also advocates for nurses in the workplace through collective action and empowerment.

In the Legislature...

FNA has a strong presence in Tallahassee and is the watchdog for political issues that have an impact on nursing and healthcare. It is essential that the voice of nursing is clear and present when these critical issues arise. FNA enhances the political knowledge and power of its members by providing up-to-date legislative information via its network of Legislative District Coordinators and two lobbyists at the capital.

For your Future...

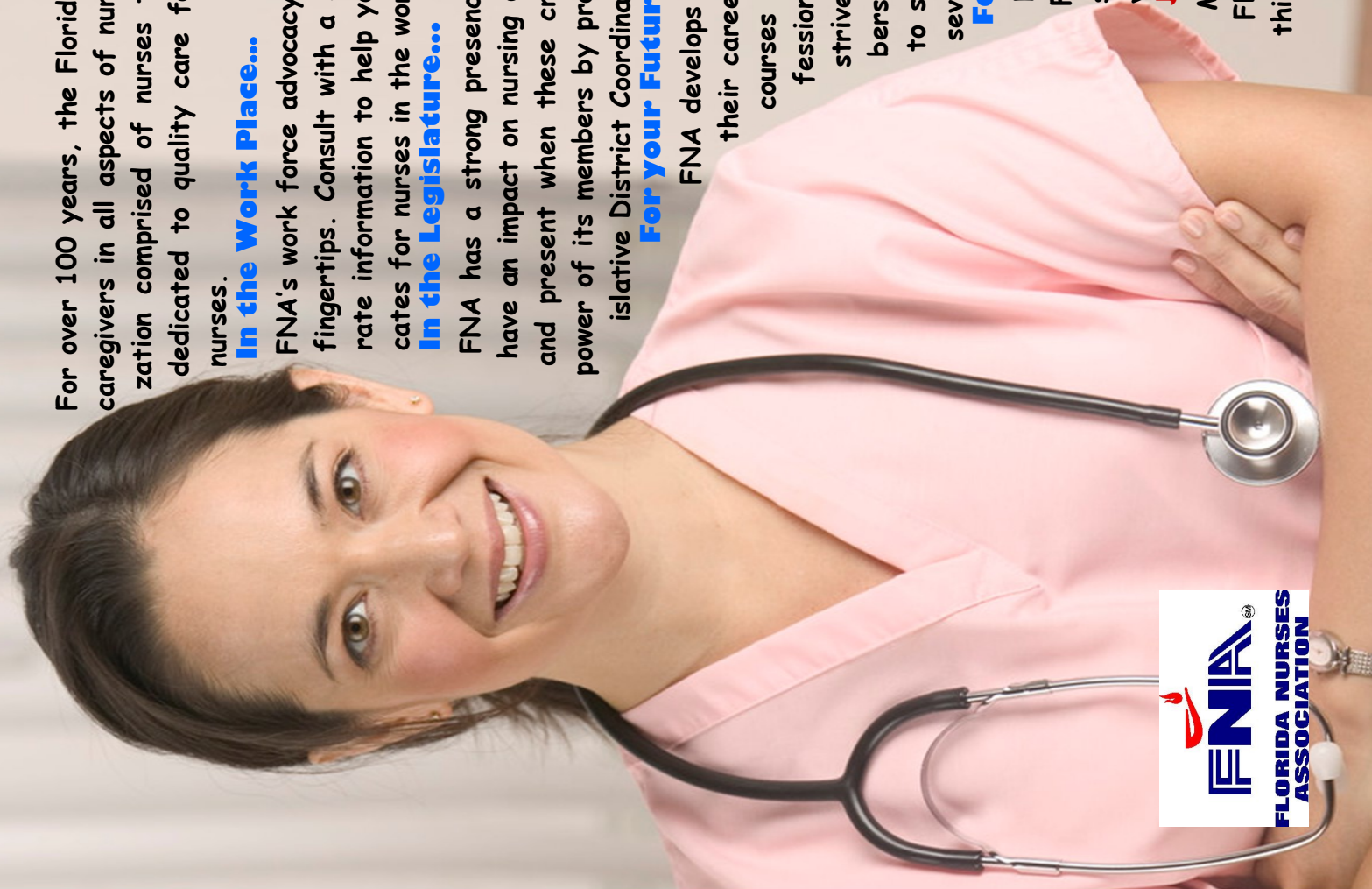
FNA develops publications with the purpose of helping and supporting nurses in their career progression. Continuing education credits and study preparation courses are available to nurses at a discounted rate. By fostering professional development and enhancing the concept of teamwork, FNA strives to create one powerful voice for nurses. As constituent members of the American Nurses Association FNA members have access to standards of practice that can serve as a guideline for nursing in several specialty areas.

For the Future of Nursing...

Nurses are a vital part of Florida's health care community. Florida Nurses Association works to improve the nursing profession through legislative action, public awareness, professional development, and academic research.

Join the Florida Nurses Association.

Make a difference in your life, in the lives of nurses, and in your Florida community. Complete the application on the other side of this flyer and return to your FNSA Consultant.





MEMBERSHIP APPLICATION



Last Name: _____ First Name: _____

Address: _____

Telephone: (_____) _____ Email Address: _____

Date of Birth: ____/____/____

Circle one: RN ARNP

Referred by: _____

Date of Graduation: ____/____/____

Graduate Nurse/NSNA ID: _____

License Number: _____

Employer: _____

Employer Phone: (_____) _____

Circle Membership Type AND Payment Plan

Membership Type	Payment Plans		
	Annual	Semi Annual (Includes \$1.25 Service Fee)	Monthly (Includes \$1 Service Fee)
Full Membership Employed full time or part-time under 65 years of age	\$291	\$146.75	\$25.26
Reduced Price Membership Not currently employed, Full time student, New graduate Non FNSA *Only available to new grads	\$145.50	\$74	\$13.13
FNA Only Membership Registered nurse seeking membership in the Florida Nurses Association only. (No ANA direct benefits)	\$190	NA	\$16.83
FNSA New Grad (graduated since 2008) New Graduate; must have been be a member of FNSA to qualify	Free For The First Year		

FNA REGIONS

Check Your Region

- NORTHWEST
(Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Gulf, Jackson, Calhoun, Liberty and Franklin)
- NORTH CENTRAL
(Gadsden, Wakulla, Leon, Jefferson, Taylor, Madison, Lafayette, Dixie, Hamilton, Suwannee, Gilchrist, Levy, Citrus, Columbia, Union, Alachua, Marion, Bradford, Citrus)
- NORTHEAST
(Baker, Nassau, Duval, Clay, St. Johns, Putnam)
- EAST CENTRAL
(Flagler, Volusia, Lake, Sumter, Seminole, Orange, Osceola, Brevard)
- WEST CENTRAL
(Hernando, Pasco, Pinellas, Hillsborough, Polk, Manatee, Hardee, Highlands, Sarasota, DeSoto)
- SOUTHEAST
(Indian River, Okeechobee, St. Lucie, Martin, Palm Beach)
- SOUTHWEST
(Charlotte, Glades, Lee, Hendry, Collier)
- SOUTH
(Monroe, Broward, Miami Dade)

Payment Method: Yearly or Semi Annual

- Check (Payable to Florida Nurses Association)
 - Discover
 - American Express
 - Visa
 - Master Card
- Card:# _____ Exp Date: _____
Security Code _____ Signature _____

Monthly

ADP (Direct Debit) Authorization is given to withdraw

- Full Member \$25.26/month for 12 months
- State/ FNA Only- \$16.83/month for 12 months
- New Graduate(1st Year for NonFNSA or 2nd Year Renewal for FNSA New Graduates \$13.13/month for 12 months
- FNSA New Grad Extended Payments \$7.17/month for 24 months

Deductions will be on or before the 20th of each month. Enclosed is the first month's payment for processing of further deductions. FNA is authorized to charge the amount by giving the undersigned thirty days written notice. The undersigned may cancel this authorization by written notification of termination to FNA within 30 days prior to deduction date.

Name of Bank: _____

Account # _____ Routing #: _____

Authorizing Signature: _____

- Check here to donate \$ _____ to FNPAC monthly (optional).

Special Interest Groups

*What are you passionate about?
Join a SIG and make a difference.*

- Ethics SIG
- Faith Community Nurses SIG
- Health Literacy SIG
- Health Policy SIG
- New Grad SIG
- Nurse Entrepreneur SIG
- Nursing Research SIG
- Staff Nurse SIG