



MEMBERSHIP APPLICATION

ARMY NURSE CORPS ASSOCIATION

8000 IH-10 West, Suite 600

San Antonio, TX 78230-3887

Phone/Fax 210-650-3534 or 888-742-9910

E-mail: membership@e-anca.org

YOU: _____
Last Name First Mi Maiden/Former

MAILING ADDRESS: Street _____ Apt # _____
City _____ State _____ ZIP _____
9-digit, if known

PHONE: (For official use only) Home: (____) _____ Cell: (____) _____

E-MAIL: _____
Civilian email if possible, please

NEXT OF KIN / POINT OF CONTACT: _____ Relationship: _____

ADDRESS: Street _____ Apt # _____
City _____ State _____ ZIP _____

PHONE: (____) _____

HOW DID YOU COME TO JOIN ANCA? Referred by: _____ Other: _____

MILITARY SERVICE:

• Entered ANC (dd/mm/yy): ____ / ____ / ____ Entered Armed Forces (if different) (dd/mm/yy): ____ / ____ / ____

• Check if you were a member of the armed forces (either active duty, USAR or NG not on active duty, officer or enlisted), during one or more of the following periods:

- Korea (27 June 1950 - 31 Jan 1955) Vietnam (5 August 1964 - 7 May 1975)
- Persian Gulf War (2 Aug 1990 - 28 Feb 1991) Opn. Enduring Freedom (OEF) (11 Sep 2001 - 31 Dec 2014)
- Opn. Iraqi Freedom (OIF) (19 Mar 2003 - 31 Dec 2014) Opn. Freedom's Sentinel (1 Jan 2015 - Present)

• Check applicable statement and complete date and rank information below:

STATUS	ON (DATE) (dd/mm/yy)	RANK
<input type="checkbox"/> Active Duty		
<input type="checkbox"/> USAR <input type="checkbox"/> National Guard		
<input type="checkbox"/> Retired from active duty	/ /	
<input type="checkbox"/> Retired from <input type="checkbox"/> USAR <input type="checkbox"/> National Guard	/ /	
<input type="checkbox"/> Did not retire (<i>Resigned or was separated</i>)	/ /	

• Are you a WRAIN graduate? Yes, year of graduation: _____

DUES: Two year initial membership.....\$40.00 One year initial membership.....\$20.00

You will be sent a renewal notice about one month prior to the expiration of your membership, or Check here if you would like your membership extended automatically upon expiration. We will contact you for credit card information.

Print and mail to above address. Check attached payable to **ANCA**
 I will pay by credit card. Contact me for my card information.

DATE: _____ SIGNATURE: _____

OFFICE USE BELOW

Date Received: _____

Member No: _____