



MEMBERSHIP APPLICATION

ARMY NURSE CORPS ASSOCIATION

8000 IH-10 West, Suite 600

San Antonio, TX 78230-3887

Phone: 210-650-3534 or 888-742-9910 • E-mail: membership@e-anca.org

(You can use <https://e-anca.org/Membership/Join-ANCA> to apply on line, if you prefer)

APPLICANT: _____
 Last Name First Middle Suffix Maiden/Former

MAILING Street _____ Apt # _____

ADDRESS: City _____ State _____ ZIP _____ Country _____
 (9-digit, if known)

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

E-MAIL: _____ Date of Birth: ___/___/___ Gender: Male Female
 (Civilian email, please.)

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

ADDRESS: Street _____ Apt # _____

City _____ State _____ ZIP _____ Country _____
 (9-digit, if known)

PHONE: () _____

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

MILITARY SERVICE:

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

• Indicate if you were a member of the Armed Forces (AD, USAR or NG not on active duty, officer or enlisted) during one or more of the following periods:

- | | |
|---|--|
| <input type="checkbox"/> Korea (27 June 1950 - 31 Jan 1955) | <input type="checkbox"/> Vietnam (5 August 1964 - 7 May 1975) |
| <input type="checkbox"/> Persian Gulf War (2 Aug 1990 - 28 Feb 1991) | <input type="checkbox"/> Opn. Enduring Freedom (OEF) (11 Sep 2001 - 31 Dec 2014) |
| <input type="checkbox"/> Opn. Iraqi Freedom (OIF) (19 Mar 2003 - 31 Dec 2014) | <input type="checkbox"/> Opn. Freedom's Sentinel (1 Jan 2015 - Present) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Prisoner of war _____
(Specify dates) |

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

STATUS	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: _____

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- RACE:** American Indian or Alaskan Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American Other, specify: _____
 Hispanic or Latino

- DUES:** Two year initial membership - \$40.00 One year initial membership - \$20.00
 Optional free membership for those age 90 or greater (must include date of birth in Applicant section above)

Form of payment:

- Check is attached made payable to **ANCA**.
 I will pay by credit card. Contact me for my card information.

Please mail this application to the ANCA address shown on page 1.

Please consider a donation to our Legacy Giving Program for continued support of ANCA's mission:

Amount: _____

Designated Fund:

- Education & Scholarship Research New Initiatives Wherever most needed

PARTICIPATION:

I would like to be considered for membership in the following committee(s):

- | | |
|---|---|
| <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> The Connection | <input type="checkbox"/> Recruiting & Retention |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Media |

*Thank you for joining ANCA – your membership matters!
You will be sent a renewal notice approximately one month prior to the expiration of your membership.*

DATE: _____ SIGNATURE: _____