

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: <u>membership@e-anca.org</u>

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

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Other:	r:	HOW DID YOU COME TO JOIN ANCA? ☐ Referred by:				
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Continue on page 2

Black or African American Other, specify: Hispanic or Latino 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: Research New Initiatives Wherever most needed PARTICIPATION: I would like to be considered for membership in the following committee(s): Budget & Finance Membership Communication Nominating The Connection Recruiting & Retention Convention Research Education 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.	RACE	_	askan Native	Native Hawaiian or Pacific Islander
DUES: Two year initial membership - \$40.00		☐ Asian	□	White
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