



# 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](mailto: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:

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

Continue on page 2

- 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 - \$50.00  One-year initial membership - \$25.00  
 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 **Army Nurse Corps Association**.  
 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"/> Awards                 |
| <input type="checkbox"/> Financial Review   | <input type="checkbox"/> Nominating             |
| <input type="checkbox"/> Strategic Planning | <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: \_\_\_\_\_