



## ARN-NSNA Partner Membership Application

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Name NSNA Member ID

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School

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Address

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City / State / Zip

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Phone

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Email

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Degree sought

**Enclose a copy of your current NSNA membership card with this application**

**Discounted ARN-NSNA Partner Membership Fee: \$45 (Regularly \$130)**

Check (enclosed) CK# \_\_\_\_\_ (Make check payable to ARN)

Credit Card Payment Method (please circle one): **Visa**      **MasterCard**      **Discover American Express**

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Account Number Expiration Date

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Cardholder Name (please print)

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Signature

  

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Mail completed application, a copy of your current NSNA membership card, and payment to ARN at 8735 W. Higgins Rd, Ste. 300, Chicago, IL 60631. If you are using a credit card, you may fax your application with a copy of your NSNA membership card to (847) 375-6481.

**For Credit Cards Only:** In the event of miscalculation, I authorize ARN to charge my credit card an amount ARN reasonably deems to be accurate. (If rebilling a credit card is necessary, a \$25 processing fee will be charged).

**For Checks Only:** Checks not in U.S. funds will be returned. A charge of \$25 will apply to checks returned for insufficient funds.