



# MEMBERSHIP APPLICATION

## ARMY NURSE CORPS ASSOCIATION

P.O. Box 39235

San Antonio, Texas 78218-1235

Phone: 210-650-3534 Fax: 210-650-3494 E-mail: [membership@e-anca.org](mailto: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 or Cell): (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**NEXT OF KIN / POINT OF CONTACT:** \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
9-DIGIT, IF KNOWN

PHONE: (\_\_\_\_) \_\_\_\_\_

**HOW DID YOU COME TO JOIN ANCA?**  Referred by: \_\_\_\_\_  Other: \_\_\_\_\_

### MILITARY SERVICE:

- Entered Army Nurse Corps (mm/yy): \_\_\_\_/\_\_\_\_ Entered Armed Forces (If different) (mm/yy): \_\_\_\_/\_\_\_\_
- Check if you were a member of the armed forces (either active duty, Reserve or NG *not on active duty*, officer or enlisted), during one or more of the following periods:

- WW 11 (7 Dec 1941 -31 Dec 1946)  Vietnam (5 August 1964 - 7 May 1975)
- Korea (27 June 1950 -31 Jan 1955)  Persian Gulf War (2 Aug 1990 - Present)

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

STATUS	ON (DATE) (dd/mm/yy)	RANK
<input type="checkbox"/> Retired from <u>active duty</u> (Either Regular Army or Reserve officer)	/ /	
<input type="checkbox"/> Retired from Reserve / National Guard ( <i>Not from active duty</i> )	/ /	
<input type="checkbox"/> Did not retire ( <i>Resigned or was separated</i> )	/ /	
<input type="checkbox"/> Have not retired (Still on active duty)		
<input type="checkbox"/> Have not retired (Still in USAR / National Guard <i>not on active duty</i> )		

- Are you a WRAIN graduate?  Yes, year of graduation: \_\_\_\_\_

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

Membership is for one or two years from month of initial dues payment. You will be sent a renewal notice about one month prior to the expiration of your membership.

Make check payable to **ANCA** and mail to above address.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

#### OFFICE USE BELOW

Treasurer: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Asst Sec: \_\_\_\_\_ Member No: \_\_\_\_\_ Password: \_\_\_\_\_  
Membership Committee: \_\_\_\_\_