



A Voice for Nurses. A Vision for Healthcare.

RN Information

Check

Please check here.

(Last Name)

OAKLAND 155 Grand Avenue Oakland CA 94612 phone: 800-287-5021

fax: 510-663-1625

(Middle Name or Initial)

Retiree Membership Application Form

Join the California Nurses Association (CNA) as a Retiree Member! As a Retiree Member, you will be part of a national network of RNs dedicated to advancing the role of RNs as patient advocates. You will also receive a special edition scrub, a subscription to *National Nurse* magazine and e-mail alerts on critical issues.

Eligibility in the Retiree Division is limited to RNs who were members in good standing of CNA/NNOC and not in dues arrears upon retirement; <u>and</u> are at least 62 years of age or are currently unable to be employed due to a disability.

(First Name)

(Home Address)	(City)	(City)		(Zip)	
(Personal Telephone)	(Email Address)	(Email Address)		(DOB)	
(Most Recent Employer)	(Retirement Date)	(Retirement Date) (Scrub Size)		(Last 4 Digits of SSN #)	
The current dues rate for Reti Please Select <u>One</u> Method of	•	•			
1. Credit Card Name on Credit Card:					
Credit Card Number:		Exp. Month/Year:			
Signature			te		
By signing above, I agree to allow CNA-NNOC to ch	harge my credit card the Retiree Division annual	membership fee of \$60.			

Enclose Payment to CNA for Annual Dues (\$60)

Mail Check and completed form to: CNA Retiree Division, 155 Grand Ave Ste 100, Oakland, CA, 94612