

# NANN/NANNP Membership Application (Or join online at [www.nann.org](http://www.nann.org))

Ms.  Mr. (Please check one.)

Name \_\_\_\_\_ Year of Birth (yyyy) \_\_\_\_\_

Credentials \_\_\_\_\_

Primary Institution \_\_\_\_\_

Institution Address \_\_\_\_\_

Institution City/State/ZIP \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/ZIP \_\_\_\_\_

Phone (  Home  Work ) \_\_\_\_\_ E-mail (  Home  Work ) \_\_\_\_\_

## Membership Category (Please check one. All prices listed are in U.S. dollars.)

U.S. or Canada (\$150)  International (\$170)  E-Member (\$99)\*  Student (\$50)

\*E-Members do not receive print journal, free CE or digital products, or member discounts on conferences or products.

Group discounts are available. Visit [www.nannmembership.org](http://www.nannmembership.org) for details.

I would like to add membership in NANNP to my NANN membership:

NANNP (\$40)  NANNP International (\$35)  NANNP Student—for NNP students only (\$15)

I would like to join this chapter: \_\_\_\_\_

A list of chapters and their dues can be found at [www.nann.org/chapters](http://www.nann.org/chapters).

## Demographics (Please check one item per section unless otherwise specified.)

### Academic Credentials (ACAD)

- Associate Nursing (A)  
 BA  
 BS  
 BSN  
 Diploma, Nursing (D)  
 DNP  
 DSN  
 MA  
 MS  
 MSN  
 PhD  
 None of the above (O) Please specify: \_\_\_\_\_

### Certification (CERTIF)

- CCNS  
 CCRN  
 IBCLC  
 NNP-BC  
 RNC-NIC  
 None of the above (O) Please specify: \_\_\_\_\_

### Employment (EMP\_STATUS)

- Full time (FT)  
 Part time (PT)  
 Student (S)

**Chapter** (Please indicate any chapters you are a member of. View list at [www.nann.org](http://www.nann.org).)  
\_\_\_\_\_

### Position

- Academic faculty  
 Administrator (ADMIN)  
 Case manager/discharge coordinator (CM)  
 Clinical nurse specialist (CNS)  
 Consultant (CON)  
 Developmental specialist (DEV)  
 Educator (EDU)  
 Lactation consultant  
 NNP coordinator or manager (NPM)  
 Nurse manager (NM)  
 Nurse practitioner (NP)  
 Outreach Coordinator (ORC)  
 Researcher (RES)  
 Staff nurse (SN)  
 Transport nurse (TRN)  
 None of the above (O) Please specify: \_\_\_\_\_

### Work Setting

- Academic (AI)  
 Inpatient—Level I NICU (IP1)  
 Inpatient—Level II NICU (IP2)  
 Inpatient—Level III NICU (IP3)  
 Mother-baby unit (MBU)  
 Newborn nursery (NN)  
 Transport unit (TR)  
 None of the above (O) Please specify: \_\_\_\_\_

### Other memberships

- AACN  
 AANP  
 AAP  
 ANA  
 ANN  
 AWHONN  
 NPA  
 NSNA  
 State nursing association (SA)  
 None of the above (O) Please specify: \_\_\_\_\_

### Honors

- FAAN  
 None of the above (OTH) Please specify: \_\_\_\_\_

### Special Interest Groups (SIG)

Every NANN special interest group is open to all members. Please indicate the SIG in which you would be most interested.

- Education (EDUC)  
 Management (MGMT)  
 NNP Faculty (NNPF)  
 Practice—Advanced (AP)  
 Practice—Staff Nurse (PSN)  
 Research (RES)  
 Surgical (SUR)  
 Discharge Transitioning (DT)

Signature (Please sign to verify that all submitted information is correct.)  
\_\_\_\_\_

## Payment

VISA  MasterCard  AMERICAN EXPRESS  DISCOVER  Check (payable to NANN)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's Name (Please print.) \_\_\_\_\_

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
  - A charge of \$25 will apply to checks returned for insufficient funds.
  - Checks not in U.S. funds will be returned.
- In the event of a miscalculation, I authorize NANN to charge to the above-named credit card an amount NANN reasonably deems to be accurate. Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

## 4 Easy Ways to Apply

- Visit the **NANN website** at [www.nann.org](http://www.nann.org) to join or renew online.
- Call 800.451.3795, Mon.–Fri., 9 am–5 pm Central Time (credit card only).
- Mail to NANN, PO Box 3781, Oak Brook, IL 60522.
- Fax 24 hours a day (credit card only) to 866.927.5321 (U.S. or Canada) or 847.375.6491 (international).