NANN/NANNP Membership Application (Or join online at 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 ($130) ❑ International ($150) ❑ Student ($50)

Group discounts are available. Visit 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.

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.)

_____

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.*

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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 abvoe (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 FINANCIAL SERVICES ❑ 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 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).