

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: _____

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 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).