

NANN/NANN-AP 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 (\$155)
- ☐ International (\$175)
- ☐ E-Member (\$104)*
- ☐ 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 for details.

I would like to add membership in NANN-AP to my NANN membership:

- ☐ NANN-AP (\$60)
- ☐ NANN-AP International (\$60)
- ☐ NANN-AP Student—for NNP students only (\$30)

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.)*

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 88019, Chicago, IL 60680-8019

• Fax 24 hours a day (credit card only) to 866.927.5321 (U.S. or Canada) or 847.375.6491 (international).