

# NANN/NANN-AP 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 NANN-AP to my NANN membership:

- ☐ NANN-AP (\$40)
- ☐ NANN-AP International (\$35)
- ☐ NANN-AP 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. Memberships 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 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).