

NANN/NANN-AP Group Membership Application (Or join online at www.nann.org)

☐ Ms. ☐ Mr. (Please check one.)

Name _____ Year of Birth (yyyy) _____

Credentials _____

Primary Institution _____

Institution Address (☐ Home ☐ Work) _____

Institution City/State/ZIP _____

Home Address (☐ Home ☐ Work) _____

Home City/State/ZIP _____

Phone (☐ Home ☐ Work) _____ E-mail (☐ Home ☐ Work) _____

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

☐ 3–9 nurses (\$145 each) ☐ 10+ nurses (\$135 each)

Group rates apply to new domestic and Canadian members only. Paper applications must be submitted together to receive group discount. For more information or to learn about online registration options, please visit nann.org/group.

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

☐ NANN-AP (\$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 ☐ MA
☐ BSN ☐ MS
☐ Diploma, Nursing (D) ☐ MSN
☐ DNP ☐ PhD
☐ DSN
☐ Other (O) Please specify. _____

Certification (CERTIF)

- ☐ CCNS ☐ NNP-BC
☐ CCRN ☐ RNC-NIC
☐ IBCLC
☐ Other (O) Please specify. _____

Employment (EMP_STATUS)

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

Chapter (Please indicate any chapters you are a member of.)

Referred by a Friend?

Please indicate below if you were referred to NANN by a friend. _____

Friend's Email: _____

Friend's Name: _____

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)
☐ Other (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)
☐ Other (O) Please specify. _____

Other memberships

- ☐ AACN
☐ AANP
☐ AAP
☐ ANA
☐ ANN
☐ AWHONN
☐ NPA
☐ NSNA
☐ State nursing association (SA)
☐ Other (O) Please specify. _____

Honors

- ☐ FAAN
☐ Other (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

☐  ☐  ☐  ☐  ☐ 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 888.927.5321 (U.S. or Canada) or 847.375.6491 (international).