

NANN/NANNP Membership Application

Ms. Mr. (Please check one.)

Name _____ Year of Birth (yyyy) _____

Credentials _____

Address (Home Work) _____

City/State/Zip Code _____

Phone (Home Work) _____

E-mail (Home Work) _____

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

- U.S. or Canada (\$115) International (\$135) Student (\$50)
 Group Membership (multiples of 3): ____ × \$317 = _____ (All money and applications must come together by mail at the same time.)

I would like to add membership in NANNP to my NANN membership:

- NANNP (\$40) NANNP International (\$35) NANNP Student—for NNP students only (\$15)

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
 Other (O) Please specify: _____

Certification (CERTIF)

- CCNS
 CCRN
 IBCLC
 LPN
 LVN
 NNP-BC
 RN
 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.) _____

Job Function (JOBCODE)

- Administrator (ADMIN)
 Case manager/discharge coordinator (CM)
 Clinical nurse specialist (CNS)
 Consultant (CON)
 Developmental specialist (DEV)
 Educator (EDU)
 NNP coordinator or manager (NPM)
 Nurse manager (NM)
 Nurse practitioner (NP)
 Occupational/physical therapist (OPT)
 Outreach Coordinator (ORC)
 Perinatal nurse (PN)
 Researcher (RES)
 Staff nurse (SN)
 Speech pathologist/therapist (SPT)
 Transport nurse (TRN)
 Other (O) Please specify: _____

Primary Practice Setting (JOBSETT)

- Academic (AI)
 Independent practice (IP)
 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)
 Traveling nurse (TN)
 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)

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