ANNA MEMBERSHIP APPLICATION

Name: _____ Credentials: _____

Home Address: _____

City: _____

State/Prov: _____ Zip: _____ Country: _____

Telephone: _____

Date of Birth: _____

* Email addresses are required to access the ANNA website and receive ANNA E-News. Please note that ANNA does not release e-mail addresses to any outside vendors.

Employer: _____

Address: _____

City: _____

State/Prov: _____ Zip: _____ Country: _____

Work Telephone: _____

Preferred Email*: _____

Preferred Daytime Telephone: ☐ Home ☐ Work

Preferred Address: ☐ Home ☐ Work

Who asked you to join ANNA? _____

SAVE TIME
Join ANNA online at www.annanurse.org/join

A. PROFESSIONAL STATUS:

Full Member
- ☐ RN
- ☐ APRN

Associate Member
- ☐ LPN/LVN
- ☐ Technician
- ☐ Social Worker
- ☐ Dietitian
- ☐ Physician
- ☐ Industry
- ☐ Other_____

B. POSITION:
- ☐ Head Nurse/ Supervisor
- ☐ Staff/Clinical Nurse
- ☐ Education
- ☐ Administration
- ☐ Clinical Nurse Specialist
- ☐ Coordinator
- ☐ Nurse Practitioner
- ☐ Case Manager
- ☐ Retired
- ☐ Other _____

C. YEARS IN NEPHROLOGY NURSING:
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five-nine
- ☐ Ten-fourteen
- ☐ Fifteen-nineteen
- ☐ Twenty or more

D. YEARS IN CURRENT POSITION:
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five-nine
- ☐ Ten-fourteen
- ☐ Fifteen-nineteen
- ☐ Twenty or more

ANNA occasionally makes available its members' mailing addresses (not telephone or email) to organizations/vendors who provide products and services to the nephrology nursing community. If you do not wish to receive mailings, you may opt out by calling the National Office at 888-600-2662.

E. HIGHEST NURSING DEGREE: (RNs only)
- ☐ Diploma-Nursing
- ☐ Associate Degree-Nursing
- ☐ Bachelor's Degree-Nursing
- ☐ Master's-Nursing
- ☐ Doctorate-Nursing

F. HIGHEST LEVEL OF EDUCATION COMPLETED: (If different than E)
- ☐ Associate Degree-Other
- ☐ Bachelor's Degree-Other
- ☐ Master's-Other
- ☐ Doctorate-Other
- ☐ Other _____

G. PRIMARY PRACTICE SETTING/EMPLOYER:
- ☐ Community/University Hospital Medical Center-Inpatient
- ☐ Community/University Hospital Medical Center-Outpatient
- ☐ Freestanding Dialysis Unit
- ☐ Other Inpatient/ Outpatient/Extended Care/Prisons/Private Settings
- ☐ Corporate/Government/ College/University
- ☐ Self-Employed
- ☐ Not Employed

H. AREAS OF PRACTICE: (check all that apply)
- ☐ Acute Care
- ☐ Chronic Hemodialysis
- ☐ Chronic Kidney Disease
- ☐ Conservative Management
- ☐ Continuous Renal Replacement Therapy
- ☐ Medical-Surgical Unit
- ☐ Nursing Education
- ☐ Pediatric Nephrology
- ☐ Peritoneal Dialysis
- ☐ Research
- ☐ Therapeutic Apheresis
- ☐ Transplantation
- ☐ Other _____

I. ARE YOU A MEMBER OF YOUR STATE NURSING ASSOCIATION (i.e. ANA)?
- ☐ YES
- ☐ NO

J. CERTIFICATION STATUS: (mark all that apply)
- ☐ CNN
- ☐ CDN
- ☐ CCRN
- ☐ CDE
- ☐ Certified by ANA
- ☐ CNN-NP
- ☐ CCHT
- ☐ Other _____

K. SPECIALTY PRACTICE NETWORKS (SPNs): Check all that apply
- ☐ Acute Care
- ☐ Administration
- ☐ Advanced Practice
- ☐ Chronic Kidney Disease
- ☐ Educator
- ☐ Health Policy
- ☐ Hemodialysis
- ☐ Home Therapies
- ☐ Pediatric Nephrology
- ☐ Transplantation

☐ I do not wish to participate in the ANNA Connected Open Forum

L. GENDER:
- ☐ Male
- ☐ Female

M. ETHNICITY:
- ☐ Caucasian/White
- ☐ Hispanic or Latino
- ☐ African American/Black
- ☐ Filipino
- ☐ Asian
- ☐ American Indian
- ☐ Multi-Racial
- ☐ Other _____

N. OPTIONAL GO GREEN

All members receive printed publications in the mail. Check below only if you **DO NOT** want to receive printed publications in the mail:
- ☐ Nephrology Nursing Journal
- ☐ ANNA Update

Revised 10/17

Member Rates

Yearly Dues:
- ☐ Full Member $80
- ☐ Associate Member $70
- ☐ International Member $120
- ☐ Student in RN Program* $40
- ☐ Senior Member** $40
- ☐ Virtual International Member $70

2 Year:
- ☐ Full Member $150
- ☐ Associate Member $130
- ☐ International Member $220
- ☐ Virtual International Member $130

3 Year:
- ☐ Full Member $220
- ☐ Associate Member $190
- ☐ International Member $320
- ☐ Virtual International Member $190

*Please submit proof of enrollment in a nursing program leading to initial licensure as an RN.

**Age 65+ and have been a member for the previous 5 consecutive years.

My check is enclosed for $_____

(Make check payable to ANNA in U.S. Funds). $35.00 of the membership dues is applied to subscriptions to the Nephrology Nursing Journal and ANNA Update. International and Virtual International membership is applicable for members residing outside North America.

Charge my credit card in the amount of $ _____ ☐ VISA ☐ Mastercard ☐ American Express

Account number:_____ Card Security Code*: _____

(*3-Digit code found on **back** of Visa and Mastercard; 4-Digit code on **front** of American Express.)

Expiration date: _____ Signature: _____

Print cardholder's name:_____

Billing address of cardholder if different than above: _____

☐ **Auto-renewal Program:** By checking this box, I am authorizing ANNA to automatically renew my membership once a year. I am aware that my credit card or debit card will be charged on the 5th (or the next business day thereafter) of the month the membership expires, and I will receive an email in advance of this charge. I may opt out of this program at any time by disabling this feature online or contacting the ANNA National Office.

Send completed application with payment to:

ANNA
East Holly Avenue, Box 56
Pitman, NJ 08071-0056

or fax to 856-218-0557 **or** join online at
www.annanurse.org/join