ANNA MEMBERSHIP APPLICATION

Name: _____

Credentials: _____

Home Address: _____

City: _____ State/Prov: _____

Postal Code: _____ Country: _____

Birthdate: _____

Who invited you to join ANNA? _____

Employer: _____

Work Address: _____

City: _____ State/Prov: _____

Postal Code: _____ Country: _____

Preferred Phone: ☐ Home ☐ Work _____

Preferred Address: ☐ Home ☐ Work

Preferred Email*: _____

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

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

1. PROFESSIONAL STATUS:

Full Member
- ☐ RN
- ☐ APRN
- ☐ LPN/LVN

Associate Member
- ☐ Technician
- ☐ Social Worker
- ☐ Dietitian
- ☐ Physician
- ☐ Industry
- ☐ Other_____

2. POSITION: (pick one)
- ☐ Administrator
- ☐ Case Manager
- ☐ Clinical Nurse Specialist
- ☐ Clinical/Staff Nurse
- ☐ Educator
- ☐ Nurse Manager/Supervisor
- ☐ Nurse Practitioner
- ☐ Researcher
- ☐ Retired
- ☐ Other _____

3. YEARS IN NEPHROLOGY NURSING:
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5-9
- ☐ 10-14
- ☐ 15-19
- ☐ 20+

4. YEARS IN CURRENT POSITION:
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5-9
- ☐ 10-14
- ☐ 15-19
- ☐ 20+

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

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

7. GENDER IDENTITY:
- ☐ Male
- ☐ Female
- ☐ Other _____

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

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

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

11. ARE YOU A MEMBER OF YOUR STATE NURSING ASSOCIATION (i.e. ANA)?
- ☐ Yes
- ☐ No

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

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

Revised 8/2026

Member Rates

Yearly Dues:
- ☐ Full Member.....$125
- ☐ LPN/LVN Member.....$100
- ☐ International Member.....$125
- ☐ Associate Member.....$100
- ☐ Senior Member*..... $ 60

**Age 65+ and have been a member for the previous 5 consecutive years. Please submit proof of age (i.e. copy of driver's license)*

2 Year:
- ☐ Full Member.....$ 235

3 Year:
- ☐ Full Member.....$ 345

Group Memberships (10+) are available for Employers. Please inquire with the Membership team at anna@annanurse.org

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

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

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.

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**

My check is enclosed for $_____

(Make check payable to ANNA in U.S. Funds). $38.00 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: ☐ Visa ☐ AMEX ☐ Mastercard ☐ Discover Amount $ _____

Credit Card #: _____

Expiration: ____/____ Security Code _____

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

Name on Card: _____

Signature: _____

Billing address of cardholder if different than above:

_____

_____