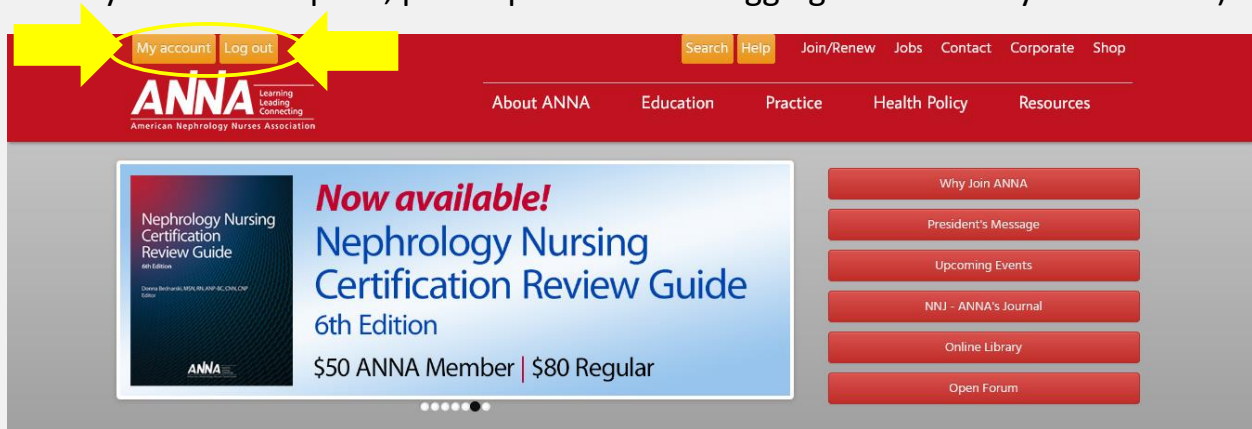
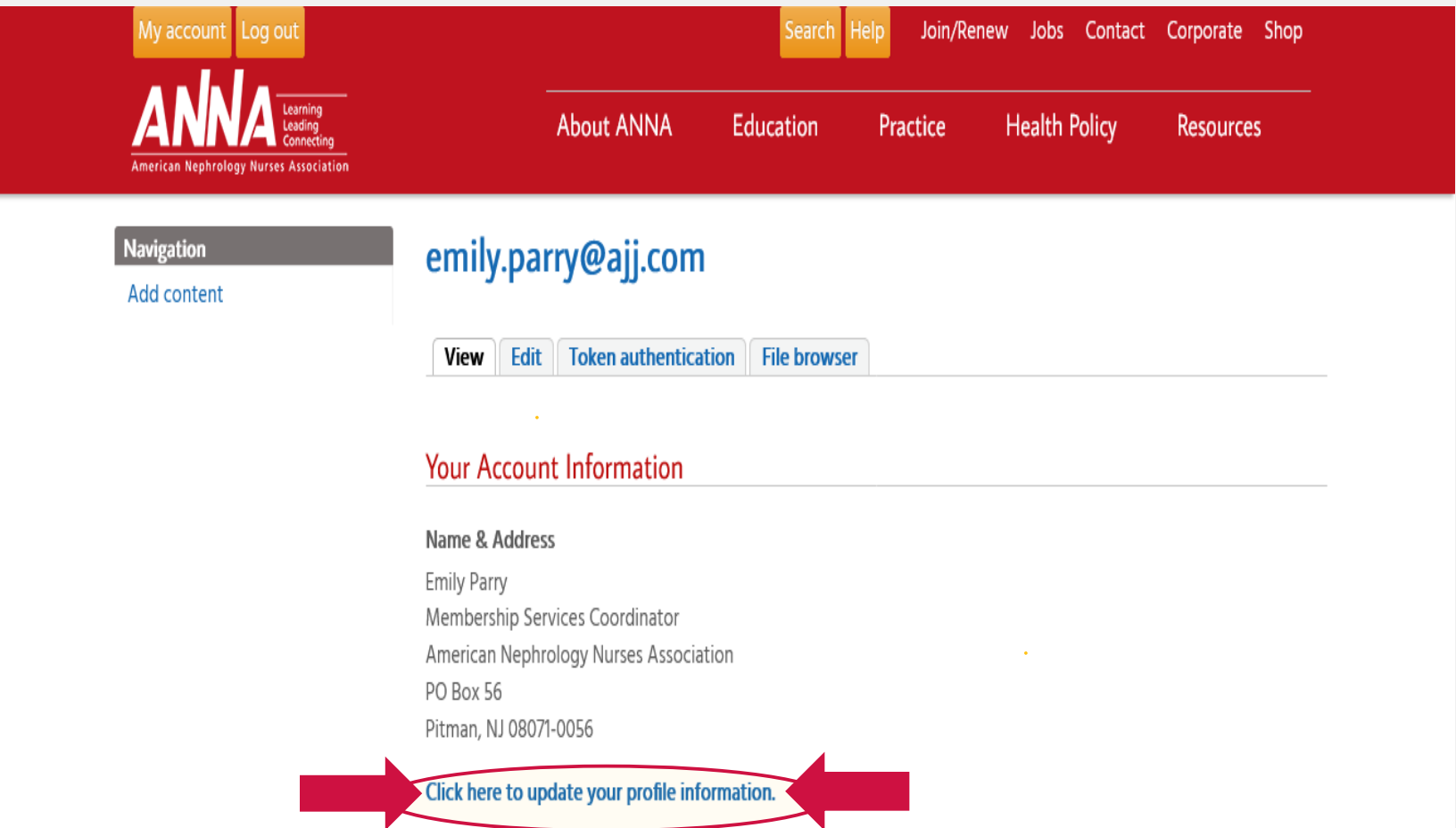


# How to Update Your ANNA Account Preferences

- Go to [www.annanurse.org](http://www.annanurse.org) to begin
- Go to “My Account” (Note: You will see “Log In” if you are not signed into your account prior, please proceed with logging in to access your account)



- Click on “Click here to update your profile information”





[My Information](#)

[My Education](#)

[My Membership & Purchases](#)

[Directory](#)

[Publications](#)

[Merchandise](#)

### My Information

Your Individual Information is displayed below.

You may update this information by clicking on the edit link.

#### MY VOLUNTEER STATUS

[No Volunteer Profile, Click to Create](#)

#### MEMBERSHIP INFORMATION

Current through: 12/31/2025

Member number: 1140218313

Chapter number: NJ-133

#### INDIVIDUAL INFORMATION

[EDIT](#)

Emily Parry

Membership Services Coordinator,

American Nephrology Nurses Association

#### PRIMARY ADDRESS INFORMATION

PO Box 56

Pitman, NJ 08071-0056

#### CONTACT INFORMATION

E-Mail: [emily.parry@annanurse.org](mailto:emily.parry@annanurse.org)

[Change Your Password](#)

SPN Participation

[Edit / Add](#)

[SPN Memberships](#)

To update additional account preferences, such as opting in to receive electronic copies of the ANNA Update or Nephrology Nursing Journal, click here

My Information

Your Individual Information is displayed below.  
You may update this information by clicking on the edit link.

**MY VOLUNTEER STATUS**

No Volunteer Profile, Click to Create

**MEMBERSHIP INFORMATION**

Current through: 12/31/2025  
Member number: 1140218313  
Chapter number: NJ-133

**INDIVIDUAL INFORMATION** **EDIT**

Emily Parry  
Membership Services Coordinator  
American Nephrology Nurses Association

**PRIMARY ADDRESS INFORMATION**

PO Box 56  
Pitman, NJ 08071-0056

**CONTACT INFORMATION**

E-Mail: emily.parry@annanurse.org

Change Your Password

SPN Participation Edit / Add

**SPN Memberships**

### Edit Demographics

Who asked you to join ANNA? :

Licensure : Please select

Primary Position : Please select

Years in Nephrology Nursing : Please select

Years in Current Position : Please select

Highest Nursing Degree (RNs only) : Please select

Highest Non-Nursing Degree Completed (if applicable) : Please select

Practice Setting/Employer : Please select

Areas of Practice. Instructions: Hold Ctrl Key (Cmd Key) to select multiple Areas of Practice. :

Acute Care  
Chronic Hemo  
Chronic Kidney Disease  
Conservative Mgt

Are you a member of your state nursing association (i.e. ANA)? : Please select

Certification Status :

CCHT  
CCRN  
CDE  
CDN

Specialty Practice Networks Email Discussion Group(s). Instructions: Hold down Ctrl Key (Cmd Key) to select multiple Specialty Practice Networks. :

Acute Care  
Administration  
Advanced Practice  
Chronic Kidney Disease

I do NOT wish to participate in the ANNA Connected Open Forum :

Gender : Please select

Ethnicity : Please select

"Go Green" - I do NOT wish to receive my Nephrology Nursing Journal by mail. :

"Go Green" - I do NOT wish to receive my ANNA Update newsletter by mail. :

Save    Cancel

Update Employer

Update areas of practice

Join discussion groups

Check boxes ONLY if you wish to opt out of receiving print copies of these publications

Questions? Contact Emily Parry, Membership Services Coordinator, at [Emily.parry@annanurse.org](mailto:Emily.parry@annanurse.org) or 856-256-2320