# 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

*Associate Member*
- ☐ LPN/LVN
- ☐ 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

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## Member Rates

**Yearly Dues:**
- ☐ Full Member . . . . . $80
- ☐ Associate Member . . . . . $70
- ☐ International Member . . . . . $120
- ☐ 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

*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)

Group membership rates available (10+ members). For information, check with your employer or ANNA.

**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:

_____

_____