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. HOW MANY YEARS HAVE YOU BEEN A NURSE?:

- ☐ 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:

- ☐ 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
☐ $125 annually or ☐ $12 a month

Associate Member
☐ $100 annually or ☐ $10 a month

International Member
☐ $150 annually or ☐ $15 a month

Senior Member*
☐ $60 annually or ☐ $6 a month

Sign up for auto-renewal:
By signing up for auto-renewal, you ensure your ANNA membership benefits remain active year-round, avoiding any lapse in access to the Nephrology Nursing Journal, Monthly Free Contact Hour Sessions, exclusive discounts and more. Enjoy the convenience and peace of mind that comes with knowing your ANNA membership will always be current, allowing you to focus on what you do best: caring for others.

☐ Yes, sign me up for autorenewal so I never lose access to my ANNA membership benefits

*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)

Virtual Student Membership is FREE!
www.annanurse.org/virtual-student-membership-application

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:

_____

_____