

ANNA Membership Application

Name: _____ Credentials: _____
Home Address: _____
City: _____
State/Prov: _____ Zip: _____ Country: _____
Home Tel: _____ Home Fax: _____
Home E-mail*: _____
Date of Birth: _____

Employer: _____
Address: _____
City: _____
State/Prov: _____ Zip: _____ Country: _____
Work Tel: _____ Work Fax: _____
Work E-mail*: _____

Preferred Daytime Telephone: Home Work
Preferred Address: Home Work

Optional:

Chapter Name: _____ Chapter # _____
Who referred you to ANNA? _____

*E-mail addresses must be provided in order to receive ANNA E-News. Please note that ANNA does not sell e-mail addresses to outside vendors.

SAVE TIME — Join ANNA through our Web site at www.annanurse.org

A. PROFESSIONAL STATUS:

- Member (1) RN
- Associate Member (2) LP/VN
- (3) Technician
- (4) Social Worker
- (5) Dietitian
- (6) Physician
- (7) Industry
- (8) Other _____

B. PRIMARY CLINICAL SPECIAL INTEREST:

- (check one only)**
- (1) Hemodialysis
 - (2) Peritoneal Dialysis
 - (3) Pediatric Nephrology
 - (4) Transplantation
 - (5) Chronic Kidney Disease

C. PRIMARY FUNCTIONAL SPECIAL INTEREST:

- (check one only)**
- (3) Administration
 - (4) Corporate/Government
 - (5) Advanced Practice

D. POSITION:

- (1) Head Nurse/Supervisor
- (2) Staff/Clinical Nurse
- (3) Education
- (4) Administration
- (5) Clinical Nurse Specialist
- (6) Coordinator
- (7) Nurse Practitioner
- (8) Case Manager
- (9) Other _____

E. YEARS IN NEPHROLOGY

- NURSING:**
- (1) First
 - (2) Second
 - (3) Third
 - (4) Fourth
 - (5) Fifth-Ninth
 - (6) Tenth-Fourteenth
 - (7) Fifteenth-Twentieth
 - (8) Twenty +

F. YEARS IN CURRENT POSITION:

- (1) First
- (2) Second
- (3) Third
- (4) Fourth
- (5) Fifth-Ninth
- (6) Tenth-Fourteenth
- (7) Fifteenth-Twentieth
- (8) Twenty +

G. HIGHEST NURSING DEGREE: (RNs only)

- (1) Diploma-Nursing
- (2) Associate Degree-Nursing
- (3) Bachelor's Degree-Nursing
- (4) Master's-Nursing
- (5) Doctorate-Nursing

H. HIGHEST LEVEL OF EDUCATION COMPLETED: (If different than G.)

- (1) Associate Degree-Other
- (2) Bachelor's Degree-Other
- (3) Master's-Other
- (4) Doctorate-Other
- (5) Other _____

I. PRIMARY PRACTICE

SETTING/EMPLOYER:

- (1) Community/University Hosp./ Medical Center-Inpatient
- (2) Community/University Hosp./ Medical Center-Outpatient
- (3) Freestanding Dialysis Unit
- (4) Other Inpatient/Outpatient/Extended Care/Prisons/Private Settings
- (5) Corporate/Government/College/ University
- (6) Self-Employed
- (7) Not Employed

J. AREAS OF PRACTICE: (check all that apply)

- (1) Acute Hemodialysis
- (2) Chronic Hemodialysis
- (3) Continuous Renal Replacement Therapy
- (4) Therapeutic Apheresis
- (5) Peritoneal Dialysis
- (6) Transplantation
- (7) Conservative Management
- (8) Medical-Surgical Unit
- (9) Other _____
- (A) Chronic Kidney Disease
- (B) Pediatric Nephrology
- (C) Research
- (D) Nursing Education

L. CERTIFICATION STATUS:

- (mark all that apply)**
- (1) CNN
 - (2) CCRN
 - (3) CDE
 - (4) Certified by ANA
 - (5) Other _____
 - (6) CDN

K. ARE YOU A MEMBER OF YOUR STATE NURSING ASSOCIATION (i.e. ANA)?

- (1) YES
- (2) NO

MEMBERSHIP FEE:

Yearly Dues:	<input type="checkbox"/> Active Member	\$ 60
	<input type="checkbox"/> Associate Member	\$ 50
	<input type="checkbox"/> International Member	\$ 75
	<input type="checkbox"/> Student	\$ 30
2 Year:	<input type="checkbox"/> Active Member	\$115
	<input type="checkbox"/> Associate Member	\$ 95
	<input type="checkbox"/> International Member	\$145
3 Year:	<input type="checkbox"/> Active Member	\$165
	<input type="checkbox"/> Associate Member	\$140
	<input type="checkbox"/> International Member	\$210

- (Z) ANNA occasionally makes available its members address (excluding telephone and e-mail) to organizations/vendors who provide products and services to the nephrology nursing community. Check here if you do not want to be on this list.

Charge my credit card of the amount of \$ _____

VISA # _____

MasterCard # _____

American Express # _____

Expiration Date: _____ Signature: _____

(Make check payable to ANNA in U.S. Funds). \$18.00 of the membership dues is applied to a subscription to the *Nephrology Nursing Journal*, and *ANNA Update*. ANNA's membership year is April 1 - March 31. All memberships expire on March 31. Prorated credit for unused portion of first year's dues will be applied at time of membership renewal, according to the following schedule: active members, \$5 per month; associate members, \$4 per month.