



MEMBERSHIP APPLICATION/RENEWAL

Please print all information clearly

ANAC ID: _____(if renewing/rejoining)

MEMBERSHIP FEES

(All memberships are for 12 months from join/rejoin date)

Ms. Miss Mrs. Mr. Dr.

Last Name First Name Middle Initial

Credentials you use following your name

Preferred Address: Home Work Other

Home Street Address

Home City State Zip Country

Employer Name (if applicable)

Employer Address

Employer City State Zip Country

Is your work setting: Rural Suburban Urban Mixed

Do you work for a Ryan White Funded Program? Yes No Don't know

(_____) (_____) _____
Home Phone Other Phone

Are you a member of an ANAC Chapter? If yes, which chapter _____

If no, would you like to be contacted by a representative in your area? Yes No

Are you interested in becoming an AIDS Certified Registered Nurse? Yes No

Preferred E-Mail Address _____

Secondary E-Mail Address _____

How did you hear about ANAC? ANAC Chapter Colleague JANAC
 ANAC Annual Conference Employer Social Media Website Other

Highest Education Level Completed: LVN/LPN ADN Diploma Associate Bachelor Masters Doctorate PhD DNP

Are you enrolled in a Nursing Program? No Enrolled Full Time/Part Time as a(n): Undergraduate Graduate Post Graduate

Primary Practice Setting: Community Hospital Teaching Hospital University Affiliated Hospital Outpatient/Ambulatory
 Family Planning Hospice School of Nursing Substance Abuse Treatment Center Forensic Setting (jail, prison)
 Community-Based Organization STI Clinic HIV Testing Center Clinical Trial Group Private/Group Practice Primary Prevention Program
 Primary Prevention Program Long-Term Care Facility

What percentage of your work is HIV/AIDS? 0-25% 26-50% 51-75% 76-100%

Are you an Advanced Practice Nurse? No Yes CNS NP CRNA CNM Other _____

Gender: Male Female Transgender Prefer Not to Answer

Age: 20-29 yrs 30-39 yrs 40-49 yrs 50-59 yrs 60-65 yrs Over 65

Racial/Ethnic Group: (Check all that apply): American Indian/Alaska Native Asian/Pacific Islander Hispanic/Latina(o) African American/Black Caucasian Other: _____

<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Rejoin
Check One:		
<input type="checkbox"/> Active Member		\$99.00 (2 yrs \$188)
<input type="checkbox"/> Discounted Active		\$77.00 (2 yrs \$144)
<input type="checkbox"/> Partner		\$99.00 (2 yrs \$188)
<input type="checkbox"/> Global (electronic)		FREE

*ANAC occasionally shares its mailing list with HIV/AIDS related companies/organizations. If you would prefer not to receive such mailings, please contact the National Office.

Membership Dues Enclosed: \$ _____

Additional Tax-Deductible Contribution: \$ _____

Total Amount Enclosed: \$ _____

To Charge on: Visa MC AMEX Discover

Credit Card No. CVV#** Exp.

Name on Card (Please print)

Signature of Person Named on Card

**CVV No. is the 3 or 4 digit number on the back of the card, to right of credit card number. It is required to process your charge card.