



MEMBERSHIP APPLICATION/RENEWAL

Please print all information clearly

ANAC ID: _____ (if renewing/rejoining)

MEMBERSHIP FEES

(All memberships end December 31 of the calendar year)

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

Work Phone Fax

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

Preferred E-Mail Address

Do you care to receive ANAC e-mail updates? Yes No

As part of your membership, your name, city, state and email address will become part of our members only searchable directory. If you would prefer not to be part of the directory, please contact the National Office.

Highest Level Completed in Nursing: LVN/LPN ADN Diploma Bachelor Masters Doctorate

Highest Non-Nursing Degree Completed: Not Applicable Associate Bachelor Masters Doctorate

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

Employment Status: Full Time Part Time Currently Not Employed Retired Sabbatical

Are you an ACRN/AACRN? Yes No If yes, ACRN/AACRN expires when?

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

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

The following questions are optional - we appreciate your answers so that we may better serve your needs.

Gender: Male Female Transgender 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:

Table with columns: Membership Type (New, Renew, Rejoin), Description, and Fee. Includes options like Active Member, Associate Member - Students, etc.

*NEW members who join after September 1 will be credited for the remainder of the current year and all of the following year. ** Students must provide proof of full time enrollment ***Requires proof of citizenship and residency in developing country **** \$25.00 of membership cost is for JANAC subscription

+ 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.