**MEMBERSHIP FEES**

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

**❑ New ❑ Renew ❑ Rejoin**

*Check One:*

|  |  |  |
| --- | --- | --- |
| ❑ | Active Member-  Nurse | $90.00\* (2 yrs $170) |
| ❑ | Associate Member - Students\*\* | $70.00\* (2 yrs $130) |
| ❑ | Affiliate Member –  Not a Nurse | $90.00\* (2 yrs $170) |
| ❑ | Disabled Member | $70.00\* (2 yrs $130) |
| ❑ | Retired Member | $70.00\* (2 yrs $130) |
| ❑ | Developing Country -**Electronic Only** Member\*\*\* | $25.00 |

*\*\* 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.**

ANAC ID: \_\_\_\_\_\_\_\_\_(if renewing/rejoining)

❑ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SecondaryE-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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_