



# MEMBERSHIP APPLICATION/RENEWAL

Please print all information clearly

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 \_\_\_\_\_

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: \_\_\_\_\_

## MEMBERSHIP FEES

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

	<input type="checkbox"/> New	<input type="checkbox"/> Renew	<input type="checkbox"/> Rejoin
Check One:			
<input type="checkbox"/> Active Member-Nurse			\$99.00* (2 yrs \$188)
<input type="checkbox"/> Discounted Active-Students**			\$77.00* (2 yrs \$144)
<input type="checkbox"/> Partner – Not a Nurse			\$99.00* (2 yrs \$188)
<input type="checkbox"/> Developing Country - Electronic Only Member***			\$FREE

\*\* 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.