



GLOBAL MEMBERSHIP APPLICATION / RENEWAL

Please print all information clearly

ANAC ID: _____ (if renewing)

Dr Ms. Miss Mrs. Mr. Mx Professor

Last Name First Name

Credentials you use following your name

Home City/Township Country

Phone (Include country and area code)

Employer Name (if applicable)

Employer City/Township Country

Preferred E-Mail Address _____

Secondary-Mail Address _____

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

Do you want to receive online access to the Journal of the Association of Nurses in AIDS Care (JANAC)? Yes No

The Member Directory is used to connect our members who have similar areas of interest. I want to opt into the ANAC Member Directory Yes No

Areas of Interest: Community/Patient Education Global Health Nursing/Interprofessional Education Policy Prevention Research Treatment

Highest non-nursing education level completed: Associate Bachelor Masters Doctorate PhD

In what field is your non-nursing degree? Social Work Public Health Pharmacy Physician's Assistant Other _____

Highest nursing education level completed: LVN/LPN ADN Diploma Associate Bachelor Masters Doctorate PhD DNP

Date of graduation: _____

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

Anticipated date of graduation: _____

Profession: Clinical Officer Community Health Worker Enrolled Nurse Midwife Nurse Nurse Matron/Chief Nursing Officer Nurse Midwife Technician Nurse Practitioner Pharmacist/Chemist Physician Student Other

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

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

Gender: Male Female Non-binary Transgender Prefer Not to Answer

Year of Birth: _____

Racial/Ethnic Group: (Check all that apply): Arab Asian Black/African Multi-racial White/Caucasian Prefer Not to Answer Other _____

Email the completed form to Lynda Wileman: lwileman@anacnet.org