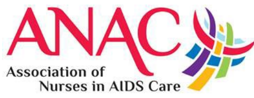

MEMBERSHIP APPLICATION/RENEWAL

Please print all information clearly

ANAC ID: _________(if renewing/rejoining)

❑ Ms ❑ Miss ❑ Mrs ❑ Mr ❑ Mx ❑ Dr ❑ Professor

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 ____

(_______) Home Phone ____ (_______) Other Phone ____

Preferred E-Mail Address ________________________________

Secondary-Mail Address ________________________________

Are you a member of an ANAC Chapter? ❑ Yes ❑ No If yes, which chapter ___________

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

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

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

MEMBERSHIP FEES

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

Check One: **❑ New** **❑ Renew** **❑ Rejoin**

❑	Nurse Member	$99.00 (2yrs $188)
❑	Student Member*	$25.00
❑	Affiliate Member (Non nurse)	$99.00 (2yrs $188)
❑	Reduced Rate (Retired, Nursing Extender roles)	$77.00 (2yrs $144)
❑	Global Member**	$FREE

** Students must provide proof of enrollment*
*** Resident in developing country only*
✢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)

Billing Address

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.

Is your work setting: ❑ Rural ❑ Suburban ❑ Urban ❑ Mixed

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

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: _____________________________

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

Primary Practice Setting: ❑ Community 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 ❑ Primary Prevention Program ❑ Private/Group Practice ❑ 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*): ❑ African American/Black ❑ American Indian/Alaska Native ❑ Asian/Pacific Islander ❑ Hispanic/Latina(o) ❑ Multi-racial ❑ White/Caucasian ❑ Other __________________________

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***Phone:* 1-800-260-6780 *Website:* www.nursesinaidscare.org *E-Mail:* anac@anacnet.org**