



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