



## 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 Education Level Completed:**  ADN  Associate  Bachelor  Diploma  DNP  Doctorate  LVN/LPN  Masters  PhD

**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](mailto:lwileman@anacnet.org)**