



AANN Membership Application

Ms/Mr _____
 Name _____ Credentials _____
 Organization Name _____
 Address (Home Work) _____
 City/state/ZIP _____
 Phone (Home Work) _____ Fax _____ E-mail _____

Referred by _____

Membership Category

Active (\$114) Associate (\$85) Student (\$58) Copy of photo ID must be submitted.

Demographics (please check **one** per section as appropriate)

Educational Background (EDUC)

- Diploma (DIP)
- Associate degree (AD)
- BSN or equivalent (BSN)
- MS/MSN (MSN)
- PhD (PHD)
- Other (please specify) _____

Years in Neuroscience Nursing

- (YRSEXP)
- 0–5 years
 - 6–10 years
 - 11–15 years
 - More than 15 years

Practice Setting (PRACSET)

- Academic (ACAD)
- Ambulatory (AMBUL)
- Community hospital (COMM)
- Private physician practice (PP)
- Rehabilitation facility (REHAB)
- University/teaching hospital (UNIV)
- Other (please specify) _____

Primary Clinical Focus (SIG)

- Epilepsy (EPL)
- Movement disorders (MVD)
- Neuromuscular (NEUM)
- Neuro-oncology (NOC)
- Neurotrauma (NT)
- Pediatrics (PED)
- Spine (SPINE)
- Stroke (STROKE)

Are you currently certified as a CNRN? (CNRN)

Yes No

Primary Practice Focus (PPF)

- Neurology (NEURO)
- Neurosurgery (NEUROS)
- Mixed neuroscience (MIX)

Primary Practice Area (PPA)

- Critical care (CC)
- Medical-surgical (MS)
- Outpatient (OUT)
- Perioperative (PO)
- Other (please specify) _____

Work Function (WF)

- Administrator (ADM)
- Case manager (CM)
- Clinical educator (CE)
- Clinical nurse specialist (CNS)
- Consultant (CONS)
- Faculty (FAC)
- Nurse practitioner (NP)
- Researcher (RES)
- Staff nurse (SN)
- Student (STU)
- Other (please specify) _____

Chapter (LNC)

Yes No

If yes, name of chapter _____

Mailing Lists/Directory Inclusion (please check as appropriate)

- Please do not include my name in list rentals.
- Please do not include my name in the online membership directory (for use by AANN members only).

Payment Method

- Check (payable to AANN)

Account No. _____ Exp. date _____

- If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.
- Checks not in U.S. funds will be returned.
- A charge of \$25 will apply to checks returned for insufficient funds.

Signature _____

Cardholder's name (please print) _____

In the event of a miscalculation, I authorize AANN to charge to the above-named credit card an amount AANN reasonably deems to be accurate. Membership dues are not deductible as a charitable contribution. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information. AANN membership dues are nonrefundable. Please contact info@AANN.org with questions.

4 Easy Ways to Apply

- Call 888/557-2266 • 847/375-4733, Mon.–Fri. 9 am–5 pm CT (credit card only)
- Fax 24 hours a day to 877/734-8677 (credit card only)
- Mail to AANN, PO Box 3781, Oak Brook, IL 60522
- Online at www.aann.org (credit card only)