



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 (\$130) Associate (\$100) New to Neuro (\$85) Student (\$67) Copy of photo ID must be submitted.

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

Primary Work Setting

- Academic
- Ambulatory
- Community hospital
- Consulting
- Industry
- Private physician practice
- Rehabilitation facility
- Research Lab
- University/teaching hospital
- None of the above

Primary Responsibility

- Administration
- Critical care
- Industry/commercial
- Instructor
- Legal consultant
- Medical-Surgical
- Outpatient
- Perioperative/OR
- Research
- None of the above

Primary Position

- Administrator
- Advanced practice nurse
- Case manager
- Clinical educator
- Clinical nurse specialist
- Consultant
- Faculty
- Instructor
- Nurse practitioner
- Research
- Staff nurse
- Student
- None of the above

Primary Specialty

- Epilepsy
- Geriatric
- Movement disorders
- Neuromuscular
- Neuro-oncology
- Neurotrauma
- Pediatrics
- Spine
- Stroke
- None of the above

Area of Expertise

- Mixed neuroscience
- Neurology
- Neurosurgery
- Research
- None of the above

Highest Degree Earned

- ADN MEd
- BN MS
- BSN MSN
- DNP PhD
- None of the above

Certification Earned (Select all that apply)

- APN FAHA
- APRN FNP-C
- CCRN LPN
- CMSRN NEA-BC
- CNRN RN
- CRNP SCRNP
- FAAN
- None of the above

Chapter

I would like to join _____

A list of chapters and their dues can be found at AANN.org/chapters

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

- MasterCard Visa American Express Discover 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)