



# 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 (\$142) ☐ Associate (\$110) ☐ New to Neuro (\$92) ☐ Student (\$72) 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

### Highest Degree Earned

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

### Chapter

I would like to join \_\_\_\_\_

A list of chapters and their dues can be found  
at [AANN.org/chapters](http://AANN.org/chapters).

### Area of Expertise

- ☐ Mixed neuroscience
- ☐ Neurology
- ☐ Neurosurgery
- ☐ Research
- ☐ 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

## 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 \_\_\_\_\_

- All transactions completed with a credit card are subject to a 3% processing fee.
- 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.  
AANN membership dues are nonrefundable. Please contact [info@AANN.org](mailto:info@AANN.org) with questions.

## 5 EASY WAYS TO APPLY

- Call 888.557.2266
- Mail to AANN, PO Box 88019, Chicago, IL 60680-1019
- Online at [www.aann.org](http://www.aann.org) (credit card only)
- 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)

(updated 1/16/2026)