

TYPE OF PRACTICE ROLES PERFORMED: (Check all that apply)

- Clinical Practice Faculty Administration Research

DO YOU SERVE AS A PRECEPTOR? Yes No

Years practice as an NP: _____

Are you actively practicing as an NP?

- Yes
 No, currently looking for an NP position - Year last practiced as an NP _____
 No, retired - Year last practiced as an NP _____
 No, other - Year last practiced as an NP _____

Total NP Practice Hours/Week:

- 40+ 32-39 24-31 16-23 8-15 1-7 N/A

Demographic Information
(Utilizing federal classifications for ethnicity and race)

Gender: Female Male

Year of Birth: 19 ____

SS Number: _____
(last four digits only)

Ethnicity: Hispanic Non Hispanic

- Race:** American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 White

Membership Categories and Annual Dues
 (The following information is for **Individual** members. **Group** member information and dues structure is located under AANP/Membership at www.aanp.org)

- AANP estimates that the portion of your dues that is not deductible is 10%. This amount is allocated to lobbying.
- Membership dues include payment for subscription to the Journal.

FULL **\$99**
 Any registered nurse who has graduated from an NP program or who maintains certification as an NP qualifies as an **AANP Full Member** with all rights of membership. **A special \$10 discount** is available if an NP joining or renewing as a FULL member, is a member of an AANP group. A list of group members can be found at www.aanp.org.

To qualify for the \$10 discount, list group name here: _____

ASSOCIATE **\$99**
 Any person other than an NP who is interested in fostering the objectives of AANP and the NP profession qualifies as an **AANP Associate Member** and has all the rights of membership other than voting and holding office. No special discount available for this category of membership.

STUDENT **\$49**
 Any student currently enrolled in a program preparing NPs qualifies as an **AANP Student Member** and has all rights of membership with state level voting and office holding privileges. No special discount available for this category of membership. **(To qualify for student member rates, proof of enrollment in current academic year containing your full name must be received by AANP membership department within 15 business days of student application. If questions please email studentmembership@aanp.org.)**

RETIRED **\$49**
 Any NP who is retired qualifies as an **AANP Retired Member** and has all rights of membership with state level voting and office holding. No special discount available for this category of membership.

WEB

Membership Dues \$ _____

AANP Foundation Donation (Tax Deductible)

Research / Project Grants - Supports Grants through the AANP Foundation Scholarship & Grant Program \$ _____

Scholarships - Supports Scholarships through the AANP Foundation Scholarship & Grant Program \$ _____

Unrestricted - Supports general AANP Foundation programs, activities & endeavors \$ _____

AANP PAC Donation

\$ _____

Support AANP lobby efforts in Washington, DC by making a PAC contribution **For PAC Donations: Personal Checks Only**
Corporate Contributions Cannot Be Accepted

Membership Information

Mail application & payment to: **AMERICAN ACADEMY OF NURSE PRACTITIONERS - PO BOX 12846 - AUSTIN, TX 78711**

- Enclosed is my check payable to: American Academy of Nurse Practitioners
 Please charge to my credit card: Visa MasterCard American Express

Total Payment Enclosed \$ _____

Card#: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

If paying by credit card, fax application to AANP at (512) 442-6469 or join/renew online at www.aanp.org. Questions please contact (512) 442-4262 ext 5211. There is a \$15 nonrefundable processing fee for membership cancellations or forfeitures.