

NANNP Membership Application

NANNP is a division of the National Association of Neonatal Nurses (NANN)

For NANN Office Use Only

Cust # _____

Date _____ | _____

Name _____

Male Female

Date of Birth _____/_____/_____(MM/DD/YR)

Current hospital affiliation/place of employment _____

Home Address & Phone Check if this is your preferred mailing address

Work Address & Phone Check if this is your preferred mailing address

Number/Street/Suite

Organization name

City/State

Number/Street/Suite

ZIP/Postal Code/Country

City/State

Telephone Preferred contact number

ZIP/Postal Code/Country

Cellular Preferred contact number

Telephone Preferred contact number

Home e-mail Preferred e-mail address

Business e-mail Preferred e-mail address

Referred by

Fax

Membership Options

NANNP **\$124** NANNP International **\$160** NANNP Student **\$100**

NANNP only—I am currently a NANN member (NANN Member # _____) **\$25** **TOTAL \$** _____

Demographics *Please check one item per section, unless otherwise specified.*

Educational Background (ACAD)

- MS/MSN (MSN)
- PhD (PHD)
- Other (O) Please specify. _____

Professional Credentials (CERTIF)

Please check all that apply.

- Neonatal Nurse Practitioner (NNP)
- RNC-Neonatal, high-risk (RNCH)
- RNC-Neonatal, low-risk (RNCL)
- Registered Nurse (RN)
- Other (O) Please specify. _____

Primary Practice Setting (JOBSETT)

- Academic (AI)
- Inpatient-Level I NICU (IP1)
- Inpatient-Level II NICU (IP2)
- Inpatient-Level III NICU (IP3)
- Mother-baby unit (MBU)
- Newborn nursery (NN)
- Transport (TR)
- Other (O) Please specify. _____

Military Service

If you are or were in the Uniformed Service, please indicate which branch.

- Army Navy Air Force
- Public Health Service

What is/was your rank? _____

Are you in the reserves? Yes No

Are you retired? Yes No

Signature. *Please sign to verify all information submitted is correct.*

Payment

- 
- 
- 
- 
- Check (payable to NANN)

Account No. _____ Exp. date _____

Signature _____

Cardholder's name *(Please print)* _____

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

In the event of a miscalculation, I authorize NANN to charge to the above-named credit card an amount NANN reasonably deems to be accurate.

Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

3 Easy Ways to Apply

- Call 800/451-3795 • 847/375-3660, Mon.–Fri. 9 am–5 pm CT (credit card only)
- Fax 24 hours a day to 888/477-6266 (credit card only)
- Mail to NANN, PO Box 3781, Oak Brook, IL 60522
- Please allow 4-6 weeks for processing your NANNP membership