



NANN Membership Application

Ms/Mr

Name Credentials

Address (Home Work)

City/state/ZIP

Phone (Home Work)

Fax

E-mail

Referred by

Membership Category *(Please check one.)*

- U.S. or Canada (\$99) International (\$135) Student (\$85) *Copy of student photo ID must be submitted.*
 NANNP (\$124, includes NANN membership) NANNP International (\$160) NANNP Student (\$100)
 Group membership multiples of 3: ___ x \$272 = _____ **All money and applications must come in together by mail at the same time.**

Demographics

Please check one item per section, unless otherwise specified.

Educational Background (ACAD)

- Associate (A)
 Diploma (D)
 BSN or equivalent (BSN)
 MS/MSN (MSN)
 PhD (PHD)
 Other (O) *Please specify.*

Professional Credentials (CERTIF)

Please check all that apply.

- Neonatal nurse practitioner (NNP)
 RNC—Neonatal nurse, high-risk (RNCH)
 RNC—Neonatal nurse, low-risk (RNCL)
 Registered Nurse (RN)
 Other (O) *Please specify.*

Employment (EMP_STATUS)

- Full time (FT)
 Part time (PT)
 Student (S)

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.

4 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 866/927-5321 (credit card only)
- Mail to NANN, PO Box 3781, Oak Brook, IL 60522
- Apply online at www.NANN.org (credit card only)