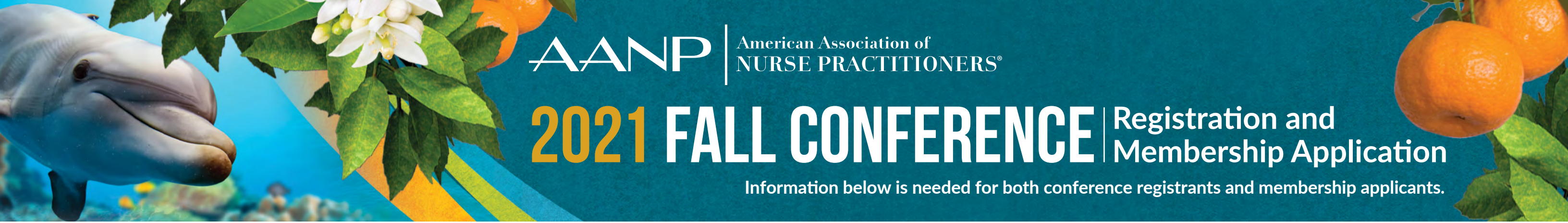

New Member   Renewing Member or Former Member

Member # (if a current or former member): ____________________

Name:

First   Middle   Last

Preferred Mailing Address: Home   Work

Company Name (if work address):

Street

City   State   Zip Code

Home Phone: ____________________

Work Phone: ____________________ Ext. ______

Cell Phone: ____________________

Email: ____________________

AANP policy allows for the release of a member's mailing address for educational, research and recruitment purposes only.

Check box if you do not want your mailing address released.

Phone and email information is for internal use only by AANP staff, elected officials, state representatives and AANP vendors for fulfilling member services.

DEMOGRAPHIC INFORMATION

(Utilizing federal classifications for ethnicity and race, check all that apply.)

Gender: Female   Male   **Year of Birth:** __ __ __ __

Ethnicity: Hispanic or Latino   Not Hispanic or Latino

Race: American Indian/Alaska Native   Asian   Black/African American   Native Hawaiian/Other Pacific Islander   White

MILITARY INFORMATION

Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Currently on active duty
- On active duty in the past, but not presently

EDUCATIONAL INFORMATION

Highest Level of Education: (Please select ONE.)

- Certificate
- Nursing Associate
- Non-nursing Associate
- Nursing Bachelor's
- Non-nursing Bachelor's
- Nursing Master's
- Non-nursing Master's
- Doctor of Nursing Practice
- Nursing PhD
- Other Nursing Doctorate
- Non-nursing Doctorate

Year of NP Program Completion: (If you hold degrees from multiple NP programs, enter the year that you completed your initial program.) __ __ __ __

STUDENT MEMBERSHIP INFORMATION

Student   Licensed NP Student

Name of School: ____________________

City: __________ State: ______ Program Specialty: __________

Anticipated Year of NP Program Completion: __ __ __ __

If the applicant is a student in an entry-level NP program, skip the Professional Information section and go to the Membership Dues Information section below.

PROFESSIONAL INFORMATION

National Provider Identifier (NPI)#____________________

Are you working or volunteering as an NP? Yes

- No, I am an NP, but I am not currently working
- No, I am a retired NP
- No, I am an NP student
- No, I am another APRN (CNS, CNM, CRNA)
- No, I am another type of nurse
- No, I am not an NP or a nurse

Are you licensed as an NP? Yes   No

Are you certified as an NP? Yes   No

NP Certification(s): (Please check all that apply.)

- Acute Care
- Addiction Registered Nurse — Advanced Practice
- Adult
- Adult-Gerontology-Acute Care
- Adult-Gerontology-Primary Care
- Dermatology
- Diabetes Management — Advanced
- Emergency
- Family
- Gerontology
- Hospice and Palliative Care
- Neonatal
- Oncology
- Orthopedics
- Pediatrics — Acute Care
- Pediatrics — Primary Care
- Pediatrics — Primary Care Mental Health
- Psychiatric/Mental Health
- Psychiatric/Mental Health — Adult
- Psychiatric/Mental Health — Family
- School Health
- Women's Health
- None
- Other, please specify: ____________________

NP Work Setting:
(Please select ONE setting, preferably your main work site.)

- Assisted Living
- College Health
- Community Health Center
- Correctional / Prison Facility
- Emergency Room
- Family Planning Clinic
- Federally Qualified Health Center
- Government Agency
- Health Department
- HMO
- Home Health Care
- Hospice / Palliative Care
- Hospital Inpatient Clinic
- Hospital Outpatient Clinic
- Indian Health Service
- Insurance Company, private
- Insurance Company, public
- Long-term Care Facility
- Migrant Health Clinic
- Military / DoD
- Occupational Health Clinic
- Private Group Practice
- Private NP Practice
- Private Physician Practice
- Psych / Mental Health Facility
- Public Housing Primary Care
- School Health Clinic
- Rehabilitation Facility
- Retail Clinic
- Rural Health Clinic
- University, private
- University, public
- Urgent Care
- VA Facility
- Other, please specify: ____________________

Your clinical focus at your main NP work site:
(Please select ONE clinical focus.)

- Administration
- Cardiology
- Complementary/Alternative
- Dermatology
- Emergency
- Endocrinology
- End-of-life Care
- ENT
- Faculty
- Gastroenterology
- Genetics
- Health Promotion
- Hematology
- Immunology/Rheumatology
- Neurology
- OB/GYN
- Occupational
- Oncology
- Orthopedics
- Pain Medicine
- Primary Care
- Psychiatric
- Research
- Respiratory
- Surgical
- Urgent Care
- Urology / Nephrology
- Wound Care
- None
- Other, please specify: ____________________

MEMBERSHIP DUES INFORMATION

Membership Type: NP $150   Student $55   Licensed NP Student $95   Career Starter $95   Retired $55   Associate $160

AANP Communities: Comprised of members-only Specialty Practice Groups (SPGs) and Specialty Interest Groups (SIGs), AANP Communities support discussion, document sharing, collaboration and networking via a dedicated online forum. Each SPG and SIG is $20 annually.

- Acute Care SPG
- Cardiology SPG
- Convenient and Urgent Care SPG
- Dermatology SPG
- Emergency SPG
- Endocrine SPG
- Entrepreneur SIG
- Gastroenterology SPG
- Health Equity, Diversity and Inclusion SIG
- Health Informatics and Telehealth SIG
- International SIG
- Neonatal SPG
- Neurology SPG
- Obesity SPG
- Occupational and Environmental Health SPG
- Orthopedics SPG
- Pain Management SPG
- Psych and Mental Health SPG
- Pulmonary and Sleep SPG
- Urology and Nephrology SPG

For additional membership information and to begin or renew your membership, visit aanp.org. Memberships are nonrefundable.

CONFERENCE FEES

Name:____
First Middle Last

By submitting this registration, the registrant acknowledges they have read and agree to the AANP Conference Terms of Service and Release of Liability, the AANP Privacy Policy and the AANP Terms of Use.

Registration Fees

IN-PERSON RATES

Membership Category	Fees Received by August 23, 2021	Fees Received After August 23, 2021
NP Member	$525	$545
Student Member	$405	$425
Licensed NP Student Member	$405	$425
Career Starter Member	$405	$425
Retired Member	$405	$425
Associate Member	$525	$545
Non-AANP Member	$675	$695

If on-site registration is available, fees will increase by $50 in all categories. **Please note that, if you register for the in-person package, you will automatically receive access to the on-demand package at no extra charge.**

ON-DEMAND RATES

Membership Category	Fees Received by September 23, 2021	Fees Received After September 23, 2021
NP Member	$315	$325
Student Member	$245	$255
Licensed NP Student Member	$245	$255
Career Starter Member	$245	$255
Retired Member	$245	$255
Associate Member	$315	$325
Non-AANP Member	$475	$485

Subtotal Registration Fee:

AANP Membership Fees

(Please Select Your Membership Category)

NP Member	$150	Career Starter Member	$95
Student Member	$55	Associate Member	$160
Licensed NP Student Member	$95	Retired Member	$55

Subtotal Membership Fee:

AANP Communities Membership Fees

Each SPG and SIG is $20 annually.

Acute Care SPG · Cardiology SPG · Convenient and Urgent Care SPG · Dermatology SPG · Emergency SPG
Endocrine SPG · Entrepreneur SIG · Gastroenterology SPG · Health Equity, Diversity and Inclusion SIG
Health Informatics and Telehealth SIG · International SIG · Neonatal SPG · Neurology SPG · Obesity SPG
Occupational and Environmental Health SPG · Orthopedics SPG · Pain Management SPG · Psych and Mental Health SPG
Pulmonary and Sleep SPG · Urology and Nephrology SPG

Subtotal AANP Community Fees:

Grand Total:

Payment Information

To register for conference, please remember to mail or fax pages all pages of the form (1R-2R). Payment must be included with form. Thank you!

Forward registration form and payment to: AMERICAN ASSOCIATION OF NURSE PRACTITIONERS • P.O. BOX 12846 • AUSTIN, TX 78711

If paying by credit card, you may fax to AANP at 512-442-6469.

Enclosed is my check payable to: American Association of Nurse Practitioners

Please charge to my credit card: Visa MasterCard American Express

Card Number: ______________________ Expiration Date: ____________ Billing Zip Code: ____________ Security Code: __________

Cardholder Name: ______________________________ Signature: ______________________________

PLEASE PRINT LEGIBLY

IF FILLING OUT THIS FORM ELECTRONICALLY, PLEASE COMPLETE, PRINT AND MAIL TO: AANP, P.O. BOX 12846, AUSTIN, TX 78711 OR FAX TO 512-442-6469.