

1 Tell us about yourself and your workplace

Please indicate Preferred Mailing Address: Business Home

Name: _____ Preferred Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____ Business Phone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Demographics (optional) Gender: Female Male Ethnicity: Hispanic Non-Hispanic
Race: American Indian/Alaska Native Asian White Black/African American Native Hawaiian/Other

For information about AANP's privacy policy, please visit: www.aanp.org

2 Choose Membership Type – Select Only One

04/2021-E

Membership Type	Description	✓	Amount
Nurse Practitioner (NP)	NP with current certification		\$150
Student*	Student currently enrolled in an entry-level NP program		\$55
Licensed NP Student*	Certified NP currently enrolled in an advanced NP program		\$95
*Indicate NP program:			
Career Starter	Newly graduated NP who is in the first year of their profession (limited one-year term)		\$95
Retired	NP who has retired from practice or other professional NP employment		\$55
Associate	Non-NP who supports the mission of AANP and the NP profession		\$160

3 Select Online Communities – \$20 Additional Fee for Each – OPTIONAL

Specialty Practice Groups (SPGs) and Specialty Interest Groups (SIGs) are online communities for those who share a common interest in select specialty areas. Please select below:

SPGs: <input type="checkbox"/> Acute Care <input type="checkbox"/> Cardiology <input type="checkbox"/> Convenient/Urgent Care <input type="checkbox"/> Dermatology <input type="checkbox"/> Emergency <input type="checkbox"/> Endocrine <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Neonatal <input type="checkbox"/> Neurology <input type="checkbox"/> Obesity <input type="checkbox"/> Occupational/Environment Health <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pain Management <input type="checkbox"/> Psych Mental Health <input type="checkbox"/> Pulmonary/Sleep <input type="checkbox"/> Urology/Nephrology	\$20 each	\$ _____
SIGs: <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Equity, Diversity, and Inclusion <input type="checkbox"/> Health Informatics/Telehealth <input type="checkbox"/> International		

4 Donate to the AANP-PAC – OPTIONAL

Donate to the AANP Political Action Committee (PAC)	Suggested voluntary contribution to AANP-PAC is \$25. (See reverse for information on giving and rules that apply to the AANP-PAC)	\$ _____
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5 Select Payment Method (Membership dues are nonrefundable)

Total Payment: \$ _____

SAVE 5% on membership dues by signing up for auto-renewal with a credit/debit card (see Terms on reverse side).

Pay by Card: Mastercard Visa AMEX Discover **Yes, sign me up for auto-renewal.** By checking this box, I agree to the recurring payment authorization terms.

Cardholder Name: _____

Credit Card #: _____ Expiration Date: _____ CVC: _____

For security purposes, DO NOT send credit card information electronically

Signature: _____

Pay by Check: **Payable to: AANP** Mail check and application to: **AANP, P.O. Box 12846, Austin, TX 78711**

04/2021-E

Recurring Payment Authorization Terms

AANP will continue to charge your credit card or debit card on a recurring basis for the amount of the then-current membership fees for your requested Membership Type, Communities and PAC donation (as applicable). Current rates are published on the AANP website. Your card will be charged upon the expiration of your membership term. You may revoke this authorization at any time by calling 512-505-0242 or emailing membership@aanp.org. This authorization will remain in effect until you notify AANP of your revocation of this authorization.

Any Communities (SIG or SPG) added to your membership will automatically be added to your auto-renewal.

Auto-Renewal Savings

Save 5% off your Membership Dues

- Save time and money
- Convenient way to pay
- No checks to write and no need for stamps
- No lapse in membership

The following membership categories are eligible for auto-renewal with the listed savings:

	Normal Price	Auto-Renew Price
NP	\$150.00	\$142.50
Retired	\$55.00	\$52.25
Associate	\$160.00	\$152.00

Student, Licensed NP Student and Career Starter memberships are for limited terms and are not eligible for auto-renew.

Important Notice Concerning Voluntary Contributions to the AANP-PAC

The AANP Political Action Committee (AANP-PAC) enables AANP to have a voice on the issues impacting the NP profession. The AANP-PAC contributes to federal candidates who understand the issues of importance to NPs. AANP member contributions to the AANP-PAC are voluntary. Contributions are used for political purposes. The contribution amount shown is only a suggestion. Members may give more or less than the suggested amount or choose not to contribute. AANP will not look upon any member with favor, or disfavor, because of the amount of the contribution or a decision to not make a contribution.

AANP-PAC Donation Levels

<u>Platinum Club</u>	<u>Diamond Club</u>	<u>Ruby Club</u>	<u>Sapphire Club</u>	<u>Emerald Club</u>
\$1,000 and up	\$500 to \$999	\$250 to \$499	\$100 to \$249	\$25 to \$99

Restrictions

The AANP-PAC accepts individual member contributions made by personal check or credit card. The AANP-PAC can accept contributions aggregating up to \$5,000 per calendar year from an individual member.

Federal law prescribes the following:

1. Contributions by corporations, foreign nationals and federal contractors are prohibited.
2. Contributions to the AANP-PAC are not deductible as charitable contributions for federal income tax purposes.
3. Federal law requires the AANP-PAC to report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.

If you would like more information about AANP-PAC, please visit pac.aanp.org, email pac@aanp.org or call 703-740-2529.