

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
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ White ☐ Non-Hispanic
☐ Black/African American ☐ Native Hawaiian/Other

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

2 Choose Membership Type — Select Only One

07/2022

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

AANP Communities are online discussion forums for those who share a common interest in select areas. Please select below:

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Pulmonary and Sleep	\$20 each	\$ _____
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Health Equity, Diversity and Inclusion	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Urology and Nephrology		
<input type="checkbox"/> Convenient and Urgent Care	<input type="checkbox"/> Health Informatics and Telehealth	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Women's Health		
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Infectious Disease and HIV	<input type="checkbox"/> Otolaryngology (ENT)	<input type="checkbox"/> Wound Care		
<input type="checkbox"/> Emergency	<input type="checkbox"/> International	<input type="checkbox"/> Pain Management			
<input type="checkbox"/> Endocrine	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Palliative and Hospice Care			
<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Neurology	<input type="checkbox"/> Pediatrics			
<input type="checkbox"/> Functional Medicine	<input type="checkbox"/> Obesity	<input type="checkbox"/> Primary Care			
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Occupational and Environmental Health	<input type="checkbox"/> Psych Mental Health			

4 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

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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 and AANP Communities (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 AANP 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.

AANP dues are not tax deductible as a charitable contribution, but may be deductible as a business expense.
AANP estimates that 10% of your dues are not deductible because of AANP lobbying activities.