



# NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)

Promoting Hispanic Nurses to Improve the Health of Our Communities

## Membership Application and Change of Information Form

This Application is for a  New Membership  Membership Renewal (ID Number) \_\_\_\_\_  Changes/Updates (no payment needed)

### NATIONAL Membership Categories:

**General:** For any nurse licensed in the United States and its jurisdictions and who is interested in helping to solve the healthcare problems and support the healthcare needs of the Hispanic community,

**Student:** (Unlicensed): For any students enrolled in a RN, LPN/LVN program full-time. Students who are already RNs, LPNs or LVNs must join as General Members.

**Emeritus:** For Hispanic/Latino/a US-licensed nurses 62 years or older who are not employed full-time in nursing

**Nursing Affiliate:** For any unlicensed health care professional (Certified Nursing Assistants, Medical Assistants, Patient Care Technicians, etc) who works under the direct supervision of a nursing (RN/NP) or medical professional (MD/PA).

**Affiliate:** For any individual other than those who qualify for previous categories who is interested in helping to solve the healthcare problems of the Hispanic community.

**NOTE:** General (Active) and Emeritus are the only category with voting privileges.

Membership Category	National Membership with Chapter Membership		National Membership only (no chapter)	
General	<input type="checkbox"/> \$125 (One Year)	<input type="checkbox"/> \$225 (Two Year)	<input type="checkbox"/> \$100 (One Year)	<input type="checkbox"/> \$175 (Two Year)
Nursing Affiliate		<input type="checkbox"/> \$40		<input type="checkbox"/> \$30
International Associate		<input type="checkbox"/> \$100		<input type="checkbox"/> \$75
Student (unlicensed)		<input type="checkbox"/> \$50		<input type="checkbox"/> \$30
Emeritus		<input type="checkbox"/> \$90		<input type="checkbox"/> \$75
Affiliate		<input type="checkbox"/> \$100		<input type="checkbox"/> \$75

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Credentials:  RN  BSN  MSN  DNP  PhD  FAAN  Other \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary E-mail (this email will be your account log in): \_\_\_\_\_

RN/LPN/LVN License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please sign and return this form along with any other required documentation and your remittance.**

All membership applications must be signed below to comply with postal regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### METHOD OF PAYMENT

Visa  MasterCard  American Express  Check or Money Order made payable to NAHN (Return check fee is \$35)

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ CVC #: \_\_\_\_\_

Signature: \_\_\_\_\_ (AX 4 digits front of card & MC/Visa 3 digits back of card)

### AMOUNT ENCLOSED

Membership Dues:  
 National With Chapter \$ \_\_\_\_\_  
 National Only \$ \_\_\_\_\_  
 Annual Fund Contribution \$ \_\_\_\_\_  
 Scholarship Fund Contribution \$ \_\_\_\_\_  
**Total Enclosed** \$ \_\_\_\_\_

### LOCAL CHAPTERS (Please select below your chapter)

- |  |   |  |   |  |
|--|---|--|---|--|
| <p><b>ALABAMA</b></p> <p><input type="checkbox"/> Greater Alabama</p> <p><b>ARIZONA</b></p> <p><input type="checkbox"/> Angeles del Desierto (Yuma)</p> <p><input type="checkbox"/> Phoenix</p> <p><b>CALIFORNIA</b></p> <p><input type="checkbox"/> Greater San Jose</p> <p><input type="checkbox"/> Inland Empire (Riverside)</p> <p><input type="checkbox"/> Los Angeles</p> <p><input type="checkbox"/> Orange County</p> <p><input type="checkbox"/> Sacramento</p> <p><input type="checkbox"/> San Diego</p> <p><input type="checkbox"/> San Francisco Bay Area</p> <p><input type="checkbox"/> San Joaquin Valley</p> | <p><b>INDIANA</b></p> <p><input type="checkbox"/> Central Indiana</p> <p><b>COLORADO</b></p> <p><input type="checkbox"/> Denver</p> <p><input type="checkbox"/> Southern Colorado</p> <p><b>CONNECTICUT</b></p> <p><input type="checkbox"/> Connecticut</p> <p><input type="checkbox"/> Hartford</p> <p><b>DELAWARE</b></p> <p><b>FLORIDA</b></p> <p><input type="checkbox"/> Broward County</p> <p><input type="checkbox"/> Greater Orlando</p> <p><input type="checkbox"/> Miami</p> <p><input type="checkbox"/> West Florida Chapter</p> | <p><input type="checkbox"/> <b>GEORGIA</b></p> <p><input type="checkbox"/> <b>ILLINOIS</b></p> <p><b>MASSACHUSETTS</b></p> <p><input type="checkbox"/> Massachusetts</p> <p><input type="checkbox"/> Western Massachusetts</p> <p><input type="checkbox"/> <b>MICHIGAN</b></p> <p><input type="checkbox"/> Michigan</p> <p><input type="checkbox"/> Capital Area Michigan</p> <p><b>MISSOURI</b></p> <p><input type="checkbox"/> El Corazon de la Tierra</p> <p><input type="checkbox"/> <b>NEW JERSEY</b></p> <p><input type="checkbox"/> <b>NEBRASKA</b></p> | <p><input type="checkbox"/> <b>NEVADA</b></p> <p><b>NEW YORK</b></p> <p><input type="checkbox"/> New York</p> <p><input type="checkbox"/> Westchester County</p> <p><b>OHIO</b></p> <p><input type="checkbox"/> Central Ohio</p> <p><input type="checkbox"/> Northeast Ohio</p> <p><b>OREGON</b></p> <p><input type="checkbox"/> Portland</p> <p><b>PENNSYLVANIA</b></p> <p><input type="checkbox"/> Northeastern Pennsylvania</p> <p><input type="checkbox"/> Philadelphia</p> | <p><b>TEXAS</b></p> <p><input type="checkbox"/> Brownsville</p> <p><input type="checkbox"/> Corpus Christi</p> <p><input type="checkbox"/> Dallas</p> <p><input type="checkbox"/> El Paso</p> <p><input type="checkbox"/> Houston</p> <p><input type="checkbox"/> San Antonio</p> <p><b>UTAH</b></p> <p><input type="checkbox"/> Unidos in Utah</p> <p><input type="checkbox"/> <b>WASHINGTON DC</b></p> <p><b>WASHINGTON</b></p> <p><input type="checkbox"/> Western Washington</p> <p><b>WISCONSIN</b></p> <p><input type="checkbox"/> Greater Milwaukee</p> |
|--|---|--|---|--|

## MEMBER PROFILE:

Please help us get to know you and serve you better. This information is for the use of NAHN only. We will only release aggregate statistical information to describe our whole membership. No individual information will be released. **Please update your profile in your NAHN account online.**

### *I am a(an): (select all that apply)*

- RN (year of initial licensure: \_\_\_\_\_)
- LPN/LVN (year of initial licensure: \_\_\_\_\_)
- RN Student (Grad. Yr. \_\_\_\_\_, Degree: \_\_\_\_\_)
- LPN Student (Grad. Yr. \_\_\_\_\_, Degree: \_\_\_\_\_)
- Other (specify): \_\_\_\_\_

### *National Certification:*

- Yes (specify): \_\_\_\_\_
- No

### *Highest Degree Earned:*

- Doctorate (specify): \_\_\_\_\_
- Masters (specify): \_\_\_\_\_
- Baccalaureate (specify): \_\_\_\_\_
- Associate
- Diploma
- Voc-Tech

### *Areas of Practice: (select all that apply)*

- Administration
- Adolescent
- Adult Health
- Anesthesia
- Child Health
- Community Health
- Education
- Family Health
- Gerontology
- Information Systems
- Managed Care
- Maternal Health
- Mental Health
- Midwifery
- Research
- Women's Health
- Other (specify): \_\_\_\_\_

### *Specialty area(s): (select all that apply)*

- AIDS/HIV
- Critical Care
- Diabetes
- Emergency Room
- Medical (specify specialty area): \_\_\_\_\_
- Neonatal
- Oncology
- Surgical (specify specialty area): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

### *Type of Position:*

- Clinical Specialist
- Consultant
- Dean/Associate Dean
- Educational/Administrative
- Educator-Clinical
- Faculty-Academic
- Head Nurse
- Human Resource Administration
- Nurse Executive
- Nurse Manager
- Nurse Practitioner
- Private Practitioner
- Researcher
- Sales Representative
- School Nurse
- Staff Nurse/Direct Care Provider
- Student
- Supervisor/Coordinator
- Other (specify): \_\_\_\_\_

### *Membership in Nursing Organizations: (select all that apply)*

- American Academy of Nursing
- American Association of Critical-Care Nurses
- American Nurses Association
- American Organization of Nurse Executives
- American Public Health Association
- Association for Nurses in AIDS Care

- Association of Operating Room Nurses
- Association of Women's Health, Obstetrics, and Neonatal Nurses
- Emergency Nurses Association
- Oncology Nurses Society
- Sigma Theta Tau International
- Other (specify): \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

### *1. Racial/Ethnic Background:*

- Hispanic/Latino
- African American
- White
- Asian American
- Native American
- Other (specify): \_\_\_\_\_

### *1a. (If Hispanic) Population Subgroup:*

- Central American: \_\_\_\_\_
- Cuban American
- Dominican
- Mexican American
- South American: \_\_\_\_\_
- Spanish
- Other (specify): \_\_\_\_\_

### *2. Language(s) Spoken:*

- Spanish
- English
- Other (specify): \_\_\_\_\_

