



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 to your membership (no payment necessary)

NATIONAL Membership Categories

Full - Two-Year:* For Hispanic/Latino/a nurses licensed in the US and its jurisdictions

Associate: Non-Hispanic/Latino/a US-licenses nurses interested in solving problems/needs of Hispanic/Latino/a community

Affiliate: For non-nursing health care professionals interested in solving problems/needs of Hispanic/Latino/a nurses

International: Licensed Hispanic/Latino/a nurses licensed not residing in the US or its jurisdictions

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

Student: For Hispanic/Latino/a students enrolled in a RN, LPN/LVN program full time (Proof Required: current transcript+ or letter from nursing program leading to licensure)

* Full (Active) and Retired are the only categories with voting privileges. +Transcript may be obtained from school's website

Membership Category	National Membership with Chapter Membership		National Membership only (no chapter)	
	<input type="checkbox"/> \$100 (One Year)	<input type="checkbox"/> \$175 (Two Year)	<input type="checkbox"/> \$75 (One Year)	<input type="checkbox"/> \$125 (Two Year)
Full				
Associate		<input type="checkbox"/> \$75		<input type="checkbox"/> \$50
Affiliate		<input type="checkbox"/> \$75		<input type="checkbox"/> \$50
International		<input type="checkbox"/> \$75		<input type="checkbox"/> \$50
Retired		<input type="checkbox"/> \$65		<input type="checkbox"/> \$50
Student		<input type="checkbox"/> \$40		<input type="checkbox"/> \$30
Corporate		<input type="checkbox"/> N/A		<input type="checkbox"/> \$5,000

Name: First _____ Middle _____ Last _____ Credentials: _____

Home Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Preferred E-mail: _____

RN/LPN/LVN License # _____ Issuing State: _____ Expiration Date: _____

Employer: _____ Position/Title: _____

Work Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____ Work E-Mail: _____

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 #: _____ (AX 4 digits front of card & MC/ Visa 3 digits back of card)

Signature: _____

AMOUNT ENCLOSED

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

LOCAL CHAPTERS: National membership is required to join a chapter. For the latest list of Chapters, please visit www.NAHNnet.org.

Chapter(s) Chosen: _____

- | | | | |
|-----------------------------|-------------------|----------------------------|------------------------|
| Arizona | Connecticut | Massachusetts | Texas |
| Angeles del Desierto (Yuma) | Connecticut | Massachusetts | Brownsville |
| San Xavier (Tucson) | Hartford | Southeastern Massachusetts | Corpus Christi |
| Valle del Sol (Phoenix) | Delaware | Michigan | Dallas |
| Arkansas | Florida | Missouri | El Paso |
| California | Broward County | El Corazon de la Tierra | Houston |
| Greater San Jose | Greater Orlando | Nebraska | Lubbock |
| Imperial Valley | Miami | Nevada | San Antonio |
| Inland Empire | Georgia | Las Vegas | Valle (McAllen) |
| Los Angeles | Atlanta | New Jersey | Washington |
| Orange County | Savannah | New York | Eastern Washington |
| San Diego | Illinois | North Carolina | Western Washington |
| San Francisco Bay Area | Kansas | Oregon | Washington DC |
| San Joaquin Valley | Girasol (Wichita) | Portland | Wisconsin |
| Colorado | Kentucky | Pennsylvania | Southeastern Wisconsin |
| Denver | | Philadelphia | Territories |
| Southern Colorado | | | Puerto Rico Chapter |

MEMBER AMBASSADOR

Referred by: _____

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.

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

Career Experience:

- Less Than 1 Year
- 1-5 Years
- 6-10 Years
- 11-15 Years
- Over 15 Years

Employment Status:

- Employed Full-Time in Nursing
- Employed Part-Time in Nursing
- Employed Outside of Nursing
- Retired
- Student
- Unemployed

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): _____

Work Place:

- Acute Care Hospital/Multihospital System
- Ambulatory Care/Clinic/HMO
- Association/Foundation
- College/University
- Community College
- Government Agency
- Home Care
- Hospital School
- Military
- Nurse Managed Center
- Nursing Home/Long-Term Care
- Occupational Health
- Private Industry
- Public Health Agency
- Self-Employed
- Voc-Tech
- 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(s) (specify): _____

DEMOGRAPHIC INFORMATION

- 1. Age**
- Under 21
 - 21-30
 - 31-40
 - 41-50
 - 51-60
 - 61-70
 - Over 70

- 2. Gender**
- Male
 - Female

3. Marital Status

- Single
- Married
- Widowed
- Divorced

4. Racial/Ethnic Background

- Hispanic/Latino/a
- African American
- White
- Asian American
- Native American
- Other (specify): _____

4A. (If Hispanic) Population Sub-group

- Central American: _____
- Cuban American
- Dominican
- Mexican American
- Puerto Rican
- South American: _____
- Spanish
- Other (specify): _____

5. Language(s) Spoken

- Spanish
- English
- Other(s) (specify): _____

6. Annual Personal Income (optional)

- Under \$20,000
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$125,000
- Over \$125,000
- Do Not Care to Respond

