



NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)
 Promoting Hispanic Nurses to Improve the Health of Our Communities
2018 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.

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/DO/PA).

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

Student (Unlicensed): For any students enrolled in a RN, LPN/LVN program full time who is interested in helping to solve the healthcare problems of the Hispanic community. 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

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"/> \$40		<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: _____
 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.

Please select below your chapter:

Alabama

Greater Birmingham

Arizona

Angeles del Desierto (Yuma)
 Valle del Sol (Phoenix)

California

Greater San Jose
 Inland Empire (Riverside)
 Los Angeles
 Orange County
 San Diego
 San Francisco Bay Area
 San Joaquin Valley

Colorado

Denver
 Southern Colorado

Connecticut

Connecticut
 Hartford

Delaware

Florida

Broward County
 Greater Orlando
 Miami
 West Florida Chapter

Illinois

Massachusetts

Massachusetts
 Western Massachusetts

Michigan

Missouri

El Corazon de la Tierra

New Jersey

New Jersey

Nebraska

New York

New York
 Westchester County

Ohio

Northeast Ohio

Oregon

Portland

Pennsylvania

Northeastern Pennsylvania
 Philadelphia

Texas

Dallas
 El Paso
 Houston
 San Antonio

Utah

Unidos in Utah

Washington DC

Washington

Western Washington

Wisconsin

Greater Milwaukee

MEMBER AMBASSADOR - Referred by: _____
 For new applications only

Updated 3/9/18

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 Subgroup

- 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

