

TYPE OF PRACTICE ROLES PERFORMED: (Check all that apply)

- Administration
- Clinical Practice
- Faculty
- Research

DO YOU SERVE AS A PRECEPTOR? Yes No

Years practice as an NP: _____

Are you actively practicing as an NP?

- Yes
- No, currently looking for an NP position - Year last practiced as an NP _____
- No, retired - Year last practiced as an NP _____
- No, other - Year last practiced as an NP _____

Total NP Practice Hours/Week:

- 40+
- 32-39
- 24-31
- 16-23
- 8-15
- 1-7
- N/A

Student Membership Categories and Annual Dues

- AANP dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. AANP estimates that 10% of your dues are not deductible because of AANPs lobbying activities on behalf of its members.
 - Membership dues include payment for subscription to the Journal.

STUDENT \$55

A student currently enrolled in an entry-level program that prepares NPs qualifies as a **Student Member** and has all rights of membership with state level voting and office holding privileges. No group member discount available for this category of membership. *(To qualify for student member rates, proof of enrollment in current academic semester containing full name of student must be received by AANP membership department with application submission. Those submitting student member applications online must send this proof of student status within five (5) business days fax: (512) 442-6469 / email: studentmembership@aanp.org.)*

RECOGNIZED NP - STUDENT \$85

An NP who has returned to school for further education qualifies as a **Recognized NP - Student Member** and has all rights of membership with state level voting and office holding privileges. No group member discount available for this category of membership. *(To qualify for student member rates, proof of enrollment in current academic semester containing full name of student must be received by AANP membership department with application submission. Those submitting student member applications online must send proof of student status within five (5) business days to fax: (512) 442-6469 / email: studentmembership@aanp.org.)*

PROOF OF STUDENT STATUS: AANP can accept an unofficial transcript, copy of your schedule or tuition bill, letter from your registrar or program director, or an official transcript. For questions, please email studentmembership@aanp.org.

WEB

Membership Dues \$ _____

AANP Foundation Donation

(Tax Deductible)

Research / Project Grants - Supports Grants through the AANP Foundation Scholarship & Grant Program \$ _____

Scholarships - Supports Scholarships through the AANP Foundation Scholarship & Grant Program \$ _____

Unrestricted - Supports general AANP Foundation programs, activities & endeavors \$ _____

Payment Information

Mail application & payment to: **AMERICAN ACADEMY OF NURSE PRACTITIONERS · PO BOX 12846 · AUSTIN, TX 78711**

Enclosed is my check payable to: American Academy of Nurse Practitioners

Total Payment Enclosed \$ _____

Please charge to my credit card: Visa MasterCard American Express

Card#: _____ Expiration Date: _____ Billing Zip Code: _____

Cardholder Name: _____ Signature: _____

If paying by credit card, fax application to AANP at (512) 442-6469 or join/renew online at aanp.org. For questions please contact (512) 442-4262 ext 5211 or 5242. There is a \$15 non-refundable processing fee for membership cancellations.