



## Network Membership Application

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

RN License Number (for CE purposes): \_\_\_\_\_

AVA Member:  Yes  No VA-BC Certified:  Yes  No

Employer Name: \_\_\_\_\_ Employer City: \_\_\_\_\_

### Employer Type:

Hospital  Long Term Care/Skilled Nursing  Dialysis Center  
 Infusion Clinic  Home Health/Infusion  Industry  Other \_\_\_\_\_

### Profession:

Registered Nurse  Respiratory Therapist  Clinical Educator  
 Physician  Physician Assistant  Industry Partner  
 Manager/Administrator  Advanced Practice Nurse  Other \_\_\_\_\_

1-year membership \$45  Student Membership: \$5  
Pay Online with Credit Card

OR

Print and Submit to any HouVAN Board member along with check (payable to HouVAN)

### Privacy Policy:

HouVAN respects the privacy rights of all individual members. Limited information provided on your application will be published on our online HouVAN Membership directory. If any member does not want their membership information published, that individual should submit a written request to HouVAN2018@gmail.com.