

MEMBERSHIP APPLICATION



First Name _____ Last Name _____ Credentials _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____ Mobile* _____

Are you an RN? Yes No

*I'd like to receive member updates via text message

All active duty military personnel will be assigned to the AWHONN Armed Forces section. Those with other affiliations with the armed services may also join.

MEMBERSHIP TYPE:

- Full Membership** \$216
Nurses and other interested parties, receiving all member benefits. RNs may vote and hold office and serve on Committees.
- Full Membership (two year)** \$384
Nurses and other interested parties, receiving all member benefits. RNs may vote and hold office and serve on Committees
- ACOG Educational Affiliate Membership** \$125
1-year membership only available for Full Memberships and must be paid in-full. ACOG Memberships run from 12/1 - 1/31 and must be renewed annually.
- E-Membership** \$96
Nurses and other interested parties, receiving partial member benefits (excludes journals). May not vote or hold office.
- E-Membership (two year)** \$180
Nurses and other interested parties, receiving partial member benefits. May not vote or hold office.
- Student Membership** \$60
Must be full-time undergraduate student and must produce proof of current enrollment in a nursing program (undergraduate) each year. Receive all benefits.
- Retired Membership** \$96
Must be at least 65, no longer working as a nurse, with 3 consecutive years previous full membership. Retired members receive partial benefits (excludes journals), may serve on committees and RNs have voting privileges.

IN NURSING PRACTICE SINCE: _____ (YEAR)

Date of Birth: _____
(mm/dd/yyyy)

Gender: Male Female

Primary Clinical Focus (select up to 2)

- Antepartum
- Intrapartum (includes LDR/LDRP & L&D)
- Postpartum
- Mother/Baby
- Breastfeeding/Lactation
- Neonatal Intensive Care/Intermediate Nursery
- Well Baby Nursery
- Gynecology
- Women's Health Ambulatory Care
- Women's Reproductive Health Clinic/Department

Primary Position (select up to 3)

- Staff Nurse
- Charge Nurse
- Clinical Resource Nurse
- Clinical Nurse Specialist
- Nurse Educator/Staff Development
- Lactation Specialist
- Nurse Manager
- Perinatal Safety/Quality Nurse
- Case Manager
- Executive/Administrator (e.g., CEO/CNO/VP/Director)
- Academic (includes Researcher/Faculty/Instructor)
- Nurse Practitioner
- Midwife
- Student
- Informaticist
- Consultant
- Office Manager
- Other

Job Setting

- Academia
- Ambulatory Care (includes physician office, outpatient clinic, etc.)
- Home Health Care
- Hospital Inpatient
- Not Working
- Public Health
- Other

Employer/Hospital Name _____

City _____ State _____ Zip _____

Member Referral

If you were referred by a current AWHONN member please provide their name and member ID#:

Referring Member Name: _____

Referring Member ID# _____

PAYMENT OPTIONS: (choose one)

Monthly Dues Payment (NOT available on two-year memberships)

- Auto Dues Payment: Credit/Debit Card (Monthly) OR**
- Full Member \$19 per month E-Member \$9 per month
- Student Member \$6 per month Retired Member \$9 per month

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Card Number _____ Expiration _____

Cardholder's Name _____

Signature _____ Phone Number _____

Annual Dues Payment (one-time charge)

- My check for \$_____ is enclosed, made payable to AWHONN
- Charge my credit/debit card the full dues amount now:
 - \$216 Full Member **OR** \$384 Full 2-Year Member **OR**
 - \$96 E-Member 1-Year **OR** \$180 E-Member 2-Year **OR**
 - \$60 Student Member **OR** \$96 Retired
- Automatic Annual Renew**

BILLING ADDRESS: Same as mailing address above

First Name _____ Last Name _____ Credentials _____

Mailing Address _____

City _____ State _____ Zip _____

DONATION (choose one)

- Add a one-time donation of \$_____ to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.
- Add a recurring donation of \$_____ per month to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.

JOIN ONLINE: www.awhonn.org/join

CALL: 800-354-2268 (US) 800-245-0231 (CANADA) MAIL APPLICATION TO: AWHONN, Dept 4015, Washington, DC 20042-4015

Membership is for one year from the date dues are received. Membership dues are nonrefundable. You may cancel your membership at anytime after one year.