

# 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, hold office, and serve on committees.

**E-Membership** ..... \$96  
Nurses and other interested parties, receiving partial member benefits. May not vote or hold office. Includes online access to AWHONN journals.

**Student Membership** ..... \$60  
Must be full-time undergraduate student and must produce proof of current enrollment in a nursing program (undergraduate) each year.

**Retired Membership** ..... \$96  
Requires three years prior membership in AWHONN. Retired RNs aged 65 or older. Retired RNs may service on committees. Includes online access to AWHONN journals.

Note: Only Full Members who are 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

## 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**

Card Type:  VISA  MASTERCARD  AMERICAN EXPRESS

**BILLING ADDRESS:**  Same as mailing address above

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

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](http://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.