



NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)
Promoting Hispanic Nurses to Improve the Health of Our Communities
2015 Membership Application and Change of Information Form

This Application is for a:

- ☐ New Membership ☐ Membership Renewal (ID Number) _____ ☐ Changes/Updates to your membership (no payment necessary)

NEW NATIONAL Membership Categories

General (previously Full and Associate): 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.

Affiliate: For non-nursing health care professionals interested in solving problems/needs of Hispanic/Latino/a nurses

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

Emeritus (previously Retired): For Hispanic/Latino/a US-licensed nurses 62 years or older who are not employed full-time in nursing

Student: 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.

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 (previously Full and Associate):	<input type="checkbox"/> \$125 (One Year)	<input type="checkbox"/> \$225 (Two Year)	<input type="checkbox"/> \$100 (One Year)	<input type="checkbox"/> \$175 (Two Year)
Affiliate	<input type="checkbox"/> \$100		<input type="checkbox"/> \$75	
International Associate	<input type="checkbox"/> \$100		<input type="checkbox"/> \$75	
Emeritus (previously Retired)	<input type="checkbox"/> \$90		<input type="checkbox"/> \$75	
Student	<input type="checkbox"/> \$40		<input type="checkbox"/> \$30	

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:

Arizona

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

Arkansas

- ☐ Central Arkansas

California

- ☐ Greater San Jose
☐ Imperial Valley
☐ 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

☐ **Illinois**

Louisiana

- ☐ New Orleans

Massachusetts

- ☐ Massachusetts
☐ Western Massachusetts

☐ **Michigan**

Missouri

- ☐ El Corazon de la Tierra

New Jersey

- ☐ Garden State
☐ New Jersey

New York

- ☐ New York
☐ Long Island

Ohio

- ☐ Northeast Ohio

Oregon

- ☐ Portland

Pennsylvania

- ☐ Philadelphia

Texas

- ☐ Brownsville
☐ Corpus Christi
☐ Dallas
☐ El Paso
☐ Houston
☐ San Antonio

Virginia

- ☐ Richmond

☐ **Washington DC**

Wisconsin

- ☐ Southeastern Wisconsin

MEMBER AMBASSADOR - Referred by: _____

For new applications only

Updated 10/29/14

Mailing Address: 6301 Ranch Drive, Little Rock, AR 72223 Phone: 501-367-8616 • Fax: 501-421-2135
info@thehispanicnurses.org • www.NAHNnet.org and www.TheHispanicNurses.org

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 Sub-group

- ☐ 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

