

Membership Form

Please provide your e-mail address so ANIA can send you its E-News, the *Journal of Informatics Nursing* and other valuable membership benefits.

Name: _____

E-mail: _____

Credentials: _____

Alternate E-mail: _____

Employer: _____

Preferred Phone: (_____) _____ ☐ Cell ☐ Work

Address: _____ ☐ Home ☐ Work

Birthday: Month / Year

City: _____ State: _____ Zip: _____

If you were referred by a member, please enter member's name: _____

SAVE TIME – Join ANIA online at ania.org

PROFILE/SURVEY		MEMBERSHIP DUES
<p>Your individual professional and practice background information is utilized by ANIA to create programs and services to meet your specific needs.</p>		☐ Regular (RN) (1 year) \$120.00 ☐ Regular (RN) (2 year) \$225.00 SAVE \$15.00!! ☐ Associate (1 year) \$120.00 ☐ Associate (2 year) \$225.00 SAVE \$15.00!! ☐ Senior (Age 65+) \$ 75.00 ☐ Student (3 year limit)* \$ 60.00 *School _____ *Degree sought _____ *EST Graduation Date _____
<p>1. PRIMARY Job Title</p> ☐ RN ☐ MD ☐ PT ☐ RT ☐ OT ☐ ST ☐ RDA ☐ Other _____	<p>5. PRIMARY Practice Setting</p> ☐ Academia ☐ Home Health ☐ Hospital ☐ Long Term Care ☐ Rehab ☐ Skilled Nursing ☐ Telehealth ☐ Other _____	<p>PAYMENT</p> <p>Please check your ANIA status:</p> ☐ I am a new member ☐ I am a current member and want to renew ☐ I am a previous member and want to rejoin ☐ Check is enclosed (payable in US Funds to ANIA) OR ☐ Charge my card in the amount of: \$ _____ ☐ VISA ☐ American Express ☐ MasterCard ☐ Discover Expiration Date: _____ / _____ Card security code: _____ (3-digit code found on back of Visa, Mastercard & Discover; 4-digit code front of American Express) Name on card: _____ Account #: _____ Billing Address (Street # only) _____ Billing Zip Code _____ Signature: _____
<p>2. Highest Level of Education Completed</p> ☐ Diploma ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate	<p>6. Systems Experience(s)</p> ☐ Cerner ☐ CPOE ☐ Eclipsys ☐ Epic ☐ GE ☐ Healthland ☐ Meditech ☐ Meditech Windows ☐ Programming ☐ QS ☐ Other _____	
<p>3. Current Certification(s)</p> ☐ CISSP ☐ CPEHR ☐ CPHIE ☐ CPHIMS ☐ CPHIT ☐ Nursing Informatics ☐ PMP ☐ RHIA ☐ RHIT ☐ Vendor-specific ☐ Other _____	<p>ANIA VOLUNTEER OPTIONS</p> <p>If you would like to volunteer, please check the areas in which you have previous experience.</p> ☐ Abstract review ☐ Membership development ☐ Journal – peer review ☐ Journal – final proofing ☐ Journal – author recruitment and assistance ☐ Regional events ☐ Social media ☐ Website and marketing <p><i>Thank you for your willingness to serve!</i></p>	
<p>4. Years in Informatics</p> ☐ 2 or less ☐ 3 - 4 ☐ 5 - 6 ☐ 7 - 8 ☐ 9 - 10 ☐ 11 - 15 ☐ 16 - 20 ☐ More than 20 ☐ Currently not in Informatics		