



# 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: \_\_\_\_\_  
 Credentials: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  Home  Work  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 Alternate E-mail: \_\_\_\_\_  
 Preferred Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Work  
 Birthday: Month / Year  
 If you were referred by a member, please enter member's name: \_\_\_\_\_

**SAVE TIME – Join ANIA online at [ania.org](http://ania.org)**

PROFILE/SURVEY		MEMBERSHIP DUES
<p><b>Your individual professional and practice background information is utilized by ANIA to create programs and services to meet your specific needs.</b></p>		<input type="checkbox"/> Regular (RN) (1 year) ..... \$ 99.00 <input type="checkbox"/> Regular (RN) (2 year) ..... \$188.00 SAVE \$10.00!! <input type="checkbox"/> Associate (1 year) ..... \$ 99.00 <input type="checkbox"/> Associate (2 year) ..... \$188.00 SAVE \$10.00!! <input type="checkbox"/> Senior (Age 65+) ..... \$ 75.00 <input type="checkbox"/> Student (1 year)* ..... \$ 50.00 *School _____ *Degree sought _____ *EST Graduation Date _____
<p><b>1. PRIMARY Job Title</b></p> <input type="checkbox"/> RN <input type="checkbox"/> MD <input type="checkbox"/> PT <input type="checkbox"/> RT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> RDA <input type="checkbox"/> Other _____	<p><b>5. PRIMARY Practice Setting</b></p> <input type="checkbox"/> Academia <input type="checkbox"/> Home Health <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Rehab <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Telehealth <input type="checkbox"/> Other _____	<h3>PAYMENT</h3> <p>Please check your ANIA status:</p> <input type="checkbox"/> I am a new member <input type="checkbox"/> I am a current member and want to renew <input type="checkbox"/> I am a previous member and want to rejoin <input type="checkbox"/> Check is enclosed (payable in US Funds to ANIA) OR <input type="checkbox"/> Charge my card in the amount of: \$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> 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><b>2. Highest Level of Education Completed</b></p> <input type="checkbox"/> Diploma <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	<p><b>6. Systems Experience(s)</b></p> <input type="checkbox"/> Cerner <input type="checkbox"/> CPOE <input type="checkbox"/> Eclipsys <input type="checkbox"/> Epic <input type="checkbox"/> GE <input type="checkbox"/> Healthland <input type="checkbox"/> Meditech <input type="checkbox"/> Meditech Windows <input type="checkbox"/> Programming <input type="checkbox"/> QS <input type="checkbox"/> Other _____	
<p><b>3. Current Certification(s)</b></p> <input type="checkbox"/> CISSP <input type="checkbox"/> CPEHR <input type="checkbox"/> CPHIE <input type="checkbox"/> CPHIMS <input type="checkbox"/> CPHIT <input type="checkbox"/> Nursing Informatics <input type="checkbox"/> PMP <input type="checkbox"/> RHIA <input type="checkbox"/> RHIT <input type="checkbox"/> Vendor-specific <input type="checkbox"/> Other _____	<h3>ANIA VOLUNTEER OPTIONS</h3> <p>If you would like to volunteer, please check the areas in which you have previous experience.</p> <input type="checkbox"/> Abstract review <input type="checkbox"/> Membership development <input type="checkbox"/> Mentor/Preceptor <input type="checkbox"/> Journal – peer review <input type="checkbox"/> Journal – final proofing <input type="checkbox"/> Journal – author recruitment and assistance <input type="checkbox"/> Regional events <input type="checkbox"/> Social media <input type="checkbox"/> Website and marketing <p style="text-align: center;"><i>Thank you for your willingness to serve!</i></p>	
<p><b>4. Years in Informatics</b></p> <input type="checkbox"/> 2 or less <input type="checkbox"/> 3 - 4 <input type="checkbox"/> 5 - 6 <input type="checkbox"/> 7 - 8 <input type="checkbox"/> 9 - 10 <input type="checkbox"/> 11 - 15 <input type="checkbox"/> 16 - 20 <input type="checkbox"/> More than 20 <input type="checkbox"/> Currently not in Informatics		