



## CAANN Membership Application (Please print legibly)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NURSING LICENSE NUMBER \_\_\_\_\_ PREFERRED MAILING (Check one)     USPS     EMAIL

**ACADEMIC CREDENTIALS**  
(Check all that apply)

- Associate, non-nursing (AN)
- Associate, nursing (A)
- Diploma, non-nursing (DN)
- Diploma, nursing (D)
- BA     BS     BSN
- MA     MS     MSN
- PhD     DSN
- Other \_\_\_\_\_

**PROFESSIONAL CREDENTIALS**  
(Check all that apply)

- CCNS             CCRN
- CFRN             IBCLC
- LPN               LVN
- RNC-Neonatal nurse, high-risk
- RNC-Neonatal nurse, low-risk
- NNP               RN
- Other \_\_\_\_\_

**OTHER MEMBERSHIPS**  
(Check all that apply)

- NANN\*: Member Number \_\_\_\_\_
- \*NANN MEMBERSHIP IS REQUIRED**
- AACN             AAP
- ANA               AWHONN
- INA
- Other \_\_\_\_\_

- I grant permission for my membership information to be published in the CAANN directory (in booklet form, given only to CAANN members). **This information WILL NOT be posted on the internet in any form!**
- I am interested in participating on the CAANN Executive Board.
- I am interested in being a CAANN delegate to my unit.

REFERRED BY \_\_\_\_\_

MEMBERSHIP TYPE     New Member             Renewal

Annual membership dues (**NEW!** We are now using a rotating calendar!) are \$ 30.00. Please make checks payable to: CAANN

Send this application with payment to: CAANN, P O Box 2434, Naperville, IL 60567-2434