

MEMBERSHIP APPLICATION



First Name _____ Last Name _____ Credentials _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Are you an RN? Yes No

MEMBERSHIP TYPE:

- Full Membership** **\$192***
RNs in the US or its territories. May hold elected and appointed offices and may vote.
**\$17.00 per month (includes service fee of \$1.00 per month) if you choose the monthly dues payment option.*
- Associate Membership** **\$168***
Associate Members are nurses with LPN or LVN certification or other individuals (non-nurse) involved or interested in women's health, obstetric or neonatal specialties. Associate members receive all benefits, but cannot hold office or vote.
**\$15.00 per month (includes service fee of \$1.00 per month) if you choose the monthly dues payment option.*
- Student Membership**..... **\$96***
Eligible for 4 years. RNs may vote. Must attach proof of current enrollment.
**\$9.00 per month (includes service fee of \$1.00 per month) if you choose the monthly dues payment option.*

Other membership options available.
Visit www.awhonn.org/join to learn more.

IN NURSING PRACTICE SINCE: _____ (YEAR)

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

Primary Position (select up to 3)

- Staff Nurse
- Charge Nurse
- 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
- Other

Job Setting

- Academia
- Ambulatory Care (includes physician office, outpatient clinic, etc.)
- Home Health Care
- Hospital Inpatient
- Not Working
- Public Health
- Other

Highest Degree Earned

- Doctorate
- Master's
- Bachelor's
- Associate
- Diploma
- Other

Gender: Male Female

Equipment and Supplies Authority (select all that apply)

- Make purchasing decisions directly
- Recommend or influence decisions
- No role in purchasing equipment and/or supplies

Prescriptive Authority (select all/none)

- Have prescriptive authority
- Recommend medication and/or OTC products
- Counsel/educate patients on use of medications and/or OTC products
- No role regarding medication and/or OTC products

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 (12 installments)

- Auto Dues Payment: Credit/Debit Card (Monthly) OR**
- Auto Dues Payment: Checking/Savings Account (Monthly)**
Account # _____ Routing # _____
 - Full Member \$17 per month **OR**
 - Associate Member \$15 per month **OR**
 - Student Member \$9 per month

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Card Number _____ Expiration _____

Cardholder's Name _____

Signature _____ Phone Number _____

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:
 - \$192 Full Member **OR** \$168 Associate Member **OR**
 - \$96 Student Member
- Automatic Annual Renew**

BILLING ADDRESS: Same as mailing address above

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

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.