

ASPAN Specialty Practice Groups *Membership Application*

If you are a current member of ASPAN: Use this application to join any active Specialty Practice Group listed below. ASPAN membership is a prerequisite to joining a Specialty Practice Group.

If you are not an ASPAN member: *Do not use this application.* Call the National Office at 877-737-9696 for information on joining ASPAN.

Please print legibly or type. Use a separate form for each applicant. Duplicate as needed.

ASPAN Member No. _____

Name _____
First Last

Home Address _____

City _____ State _____ Zip Code _____

Home Tel. Number (_____) _____ Work Tel. Number (_____) _____

Primary email address _____ (please print clearly)

About Specialty Practice Groups (SPGs)

Are you interested in joining a member-driven group of nurses who share YOUR special practice/interest in perianesthesia nursing? How would you like the opportunity to network with colleagues and be a resource in your practice area? The Specialty Practice Groups (SPGs) listed in the next column have organized and are waiting to hear from you!

As a SPG member, once you login on ASPAN's website, you'll have access to your SPG's webpage where you can view, print or download newsletters and other practice information of interest. A SPG Forum is available online for networking with fellow SPG members. SPG Zoom meetings are held where you will be able to network with professional nurses who have a passion and commitment for excellence in your special area of practice/interest. A mentoring process is in place for SPG Coordinators/Vice-Coordinators to rise from within the membership who will provide the framework for activities and growth.

SPGs are optional to join. Annual dues (in addition to your ASPAN dues) is \$15.00 per year for each SPG. You may join a SPG anytime during the year; however, dues are not prorated and expiration date is tied to your ASPAN membership expiration date.

SPG Annual Dues

Please check the SPG(s) you wish to join.

- | | |
|--|----------|
| <input type="checkbox"/> Advanced Degree | \$ 15.00 |
| <input type="checkbox"/> Management | \$ 15.00 |
| <input type="checkbox"/> Pain Management | \$ 15.00 |
| <input type="checkbox"/> Pediatric | \$ 15.00 |
| <input type="checkbox"/> Perianesthesia Nurse Educator | \$ 15.00 |
| <input type="checkbox"/> Preoperative Assessment | \$ 15.00 |

TOTAL \$ _____

Method of Payment

Amount \$ _____ ☐ Check # _____

Make check payable to **ASPAN** drawn on U.S. bank in U.S. funds.

☐ VISA ☐ MasterCard ☐ American Express

Card Number: _____

Exp. Date: _____

Signature: _____

PLEASE RETURN TO:

American Society of PeriAnesthesia Nurses
90 Frontage Road
Cherry Hill, New Jersey 08034-1424
Tel: 877-737-9696 Fax: 856-616-9601



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