

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 e-mail 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 register on ASPAN's Web site, you'll have access to your SPG's Web page 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. You will also have an opportunity to meet at the ASPAN National Conference. More importantly, 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"/> Informatics | \$ 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 |
| <input type="checkbox"/> Publications | \$ 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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