

Membership Application

STEP 1 - COMPLETE GENERAL INFORMATION

Please print legibly and provide all information requested.

Name:	Credentials:				
[first, middle, last, and credentials – include degrees, licenses (e.g., RN), and certifications]					
Home Address:					
City:	State:	Zip:			
Home Email*:	Date of Birth:(mm/dd/yy)				
Home Phone:	Cell Phone:				
Employer (required):					
Employer Address:					
City:	State:	Zip:			
Work Email*:	Work Phone:				
Please check your contact preferences in each category:					
Email: O Home Email O Work Email Phone: O Home Phone O Work Phone O Cell Phone Mail: O Home Address O Work Address					
How did you hear about ASPAN? O Colleague O Internet	O Seminar O JoPAN	Other			
Were you recruited by an ASPAN member? O Yes O No					
If yes, please provide member name:					
Remember, ASPAN has a Recruiter of the Year award.					

*At least one email address is required. Email addresses are not sold or used for other than ASPAN business/updates. As a benefit of membership, ASPAN will occasionally provide information on products or services we feel would be useful to our members. Please check here if you do not wish to receive such email notices: O

STEP 2 - SELECT **MEMBERSHIP TYPE**, COMPONENT, AND SPG (IF DESIRED)

There are five categories of **MEMBERSHIP**. Membership is for 12 months, starting from date of activation.

Rates effective July 1 - December 31, 2023.*

- O \$88.00 ACTIVE MEMBERS shall be those nurses involved, at least part-time, in the care of ambulatory surgery, preanesthesia or postanesthesia, or pain management patients, or in the management, teaching, or research of the same. Active members have the right to hold office and serve on committees/SWTs. ACTIVE MEMBERS MUST JOIN A LOCAL COMPONENT.
- O \$143.00 AFFILIATE MEMBERS shall be any healthcare professional, not currently working in perianesthesia nursing, who has an interest in perianesthesia patient care. Affiliate members shall receive all publications and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs. Affiliate members are not required to join a component.
- O \$115.00 INTERNATIONAL MEMBERS shall be any duly licensed healthcare professionals who have an interest in perianesthesia patient care and reside outside of the United States and Bermuda. International members shall receive all publications and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs.
- O **\$66.00 RETIRED MEMBERS** shall be those nurses who have ceased their active practice by reason of retirement or permanent disability. They shall have the right to serve on committees/SWTs. They cannot earn contact hours through ASPAN. RETIRED MEMBERS MUST JOIN A LOCAL COMPONENT.
- O **\$66.00 STUDENT MEMBERS** shall be those enrolled in a school of nursing and not currently licensed as nurses. Student members shall receive all publications and notices but shall not vote, be eligible to hold office, or serve on committees/SWTs. STUDENT MEMBERS MUST JOIN A LOCAL COMPONENT <u>AND</u> PROVIDE NAME OF NURSING SCHOOL AND COPY OF STUDENT ID.

SELECT COMPONENT						
,	on for your state or group of states hay choose to belong to more than					
 \$25.00 Alabama (ALAPAN) \$35.00 Arizona (AzPANA) \$30.00 Arkansas (PACNA) \$40.00 California (PANAC) \$30.00 Chesapeake Bay (CBSPAN) (Includes: MD, DE, DC) \$35.00 Connecticut (CSPAN) \$45.00 Florida (FLASPAN) \$35.00 Georgia (GAPAN) \$35.00 Hawaii (HIPAN) \$25.00 Illinois (ILSPAN) (Includes Eastern MO) 	 \$30.00 Indiana (INSPAN) \$30.00 Iowa (ISPAN) \$30.00 Kentucky (KSPAN) \$35.00 Louisiana (LAPAN) \$35.00 Maine (MESPAN) \$30.00 Massachusetts (MASPAN) \$35.00 Michigan (MAPAN) \$35.00 Michigan (MAPAN) \$35.00 Minnesota/Dakota (MNDAKSPAN) \$30.00 Mississippi (MSPAN) \$30.00 Missouri/Kansas (MO KAN PANA) 	 \$30.00 Nebraska (New \$30.00 Nevada (New \$45.00 New Jersey (NJBPANA) \$35.00 New Mexico \$30.00 New York (New York (New York (New York)) \$30.00 North Caroli (NCAPAN) \$40.00 Northwest (Includes: A OR, WA) \$30.00 Ohio (OPAN \$30.00 Oklahoma (New York) \$25.00 Pennsylvani 	vPANA) //Bermuda o (PANANM) nySPANA) na NPANA) K, ID, MT, IA) DSPAN) a (PAPAN)	 \$25.00 Rhode Island (RIAPAN) \$30.00 Rocky Mountain (RMPANA) (Includes: CO, WY, NE) \$30.00 South Carolina (SCAPAN) \$30.00 Tennessee (TSPAN) \$40.00 Texas (TAPAN) \$25.00 Utah (USPAN) \$35.00 Vermont/New Hampshire (VT/NHAPAN) \$25.00 Virginia (VSPAN) \$25.00 West Virginia (WVSPAN) \$35.00 Wisconsin (WISPAN) 		
COMPONENT DUES TOTA	L: \$ (IF MORE THA	AN ONE COMPONE	ENT SELEC	TED, PLEASE TOTAL ALL.)		
Membersh Advanced Degree (must be Master's prepared or Master's program to join) Informatics Management Pain Management The purpose of ASPAN's Specialty nurses who share a special practice offer a variety of networking and edand professional issues, and facilitation	O Preoperative As O Publications Practice Groups (SPG) is to bring toge in perianesthesia nursing. SPGs are rucational opportunities, serve as a rester research within the organization. R YEAR. IF MORE THAN ONE	Nurse Educator ssessment ther sub-specialty member-driven and source on practice	(from prev COMPC OPTION Add Mem and SPG o	DNENT TOTAL: \$ NAL SPG TOTAL: \$ bership, Component, dues. L DUE: \$ Ide a non-deductible allocation of		
Payment Method (ASPAN	STEP 3 - PROVIDE PA Federal Tax ID#: 06-1024058		MATION			
O Check Enclosed. Check	#: Make checks payal	ble to: ASPAN (Checks	s must be dra	awn on a U.S. bank in U.S. funds.)		
Credit Card (select one): O	Visa O MasterCard O Am	nerican Express				
Name as Appears on Card:						
Card Number:		Expiration Date: (mm/yy)				
Authorized Signature:		Date:				