



ASPAN

American Society of PeriAnesthesia Nurses



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: ☐ Home Email ☐ Work Email **Phone:** ☐ Home Phone ☐ Work Phone ☐ Cell Phone **Mail:** ☐ Home Address ☐ Work Address

Staff nurse: _____ Standards format: ☐ Print ☐ Electronic

Email to send electronic version of Standards: _____

*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: ☐

STEP 2 – SIGN, DATE, AND ATTACH YOUR BUSINESS CARD IN THE SPACE BELOW.

By signing this application, I attest that my primary role is to provide education for employees at a hospital, ASC, or other medical facility.

Signature _____ Date _____

ASPAN Member Benefits include:

All continuing education articles are free • Major savings on additional education • Free subscription to *Journal of PeriAnesthesia Nursing* • \$74 off CPAN and CAPA certification exam fees • Up to \$245 off National Conference registration • \$105 off Standards • Personal and professional advancement • Free subscription to *Breathline* newsletter • State membership and related benefits • Research grants up to \$10,000 • MemberDeals (savings on travel, entertainment, etc.)

Attach your business card here.

If you do not have a business card:
Attach a letter on company letterhead from
your supervisor stating your title and role.

STEP 3 – MAIL YOUR COMPLETED APPLICATION TO:

ASPAN, 90 Frontage Road, Cherry Hill, NJ 08034

ASPAN will promptly email you when your application is received.

Membership is good for 12 months starting from date of activation.

Free one-year membership available for new members only. Complete campaign details at www.aspan.org.