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MEMBERSHIP ENROLLMENT/RENEWAL FORM

PLEASE PRINT OR TYPE

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (home) _____ Phone (work) _____

Nursing License Number _____

E-mail Address: _____

(This information will not be shared outside LPNAN)

Type of Membership:	<input type="checkbox"/> FULL (Nebraska LPN License)	Annual Fee: \$40
	<input type="checkbox"/> ASSOCIATE (PN Student or Non- LPN) (Circle One)	Annual Fee: \$17
	<input type="checkbox"/> New	<input type="checkbox"/> Renewal

_____ Full payment in the amount of \$_____ is enclosed. **Make checks payable to: LPNAN**

_____ For FULL members only: Enclosed is my check in the amount of \$_____. I understand monthly payments in the amount of at least \$20 must be made with the total amount of membership dues payable within two (2) months.

Bill my credit card for _____ \$40 (FULL member) or _____ \$17 (ASSOCIATE member). Please fill out the following information or contact LPNAN's Accountant at the phone number listed above.

Cardholder's Billing Address, City, State, Zip: _____

Credit Card #: _____ Expiration Date: _____

Cardholder's Name (please print) _____

Your signature below will authorize this transaction.

SIGNATURE OF APPLICANT _____ Date _____

Contributions to the Licensed Practical Nurse Association of Nebraska, Inc. are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense subject to restrictions imposed as a result of Association Lobbying Activities. LPNAN estimates the nondeductible portion is 49.3185%.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

Licensed Practical Nurse Association of Nebraska, Inc. Membership Demographics

Please complete this demographic form to assist us in updating our records.

Are You a Student in a Practical Nursing Program?

___ Yes ___ No

If yes, identify the school attending and skip to the questions in the last column.

**Current Position/
Functional Area**

___ Administrator (Manager)
 ___ Charge Nurse (Manager)
 ___ Managed Care/Case Manager
 ___ Quality Assurance
 ___ Staff Nurse
 ___ Supervisor
 ___ Other (specify) _____

How Did You Hear About LPNAN?

___ Convention
 ___ Job Fair
 ___ Member
 ___ Newspaper
 ___ School
 ___ Work
 ___ Other (specify) _____

**Major Clinical, Teaching, Practice, or Research Area
(Limit to three selections)**

___ Acute Care
 ___ Admin./Management
 ___ Anesthesia
 ___ Cardiology
 ___ Clinical Research
 ___ Community/Public Health
 ___ Critical Care
 ___ Educator
 ___ Emergency Room
 ___ Ethics
 ___ Family Nursing
 ___ General Practice
 ___ Gerontological Nursing
 ___ HIV
 ___ Informatics
 ___ Long Term Care
 ___ Medical
 ___ Neonatal
 ___ Neurology
 ___ OB/GYN
 ___ Occupational Health
 ___ Oncology
 ___ Operating Room
 ___ Orthopedics
 ___ Pediatrics
 ___ Perinatal
 ___ Post Anesthesia
 ___ Primary Care
 ___ Psychiatric/Mental Health
 ___ Rehabilitation
 ___ Substance Abuse
 ___ Surgery
 ___ Women's Health
 ___ Other (specify) _____

**Work Setting
(Limit to two selections)**

___ Ambulatory Care/Outpatient Clinic
 ___ Business/Corporation
 ___ College Health
 ___ Day Care
 ___ Federal/Military
 ___ Free Standing Surgery Center
 ___ Government Agency
 ___ HMO
 ___ Home Health
 ___ Hospice
 ___ Hospital/Multihospital System
 ___ Nursing Home
 ___ Occupational Health
 ___ Office Nurse (physician/dentist)
 ___ Public Health
 ___ Quality/Utilization Review
 ___ Respite Care
 ___ School Health Nurse
 ___ School of Nursing/College
 ___ Voluntary Association
 ___ Other (specify) _____

Employment Status

___ Full time in Nursing
 ___ Part time in Nursing
 ___ Full time—not Nursing
 ___ Part time—not Nursing
 ___ Not presently employed
 ___ Retired
 ___ Other (specify) _____

The following questions are optional:

Gender

___ Female
 ___ Male

Race/Ethnic Group

___ African-American
 ___ American Indian or Alaskan Native
 ___ Asian or Pacific Islander
 ___ Caucasian
 ___ Hispanic
 ___ Other (specify) _____

Which, if any, of the following certifications do you currently hold?

___ LPN-C
 ___ LPN-CLTC

Date of Birth

Mo.	Day	Year