



licensed practical nurse
association of nebraska

advocate. educate. support.

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"/> LEGACY (Retired Nurse)	Annual Fee: \$20
	<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), ___ \$17 (ASSOCIATE member), or ___ \$20 (LEGACY member). Please fill out the following information or contact LPNAN's Accountant.

Cardholder's Name (PRINT) _____
Credit Card # _____
Security Code # on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____

Cardholder's E-mail _____
Signature _____
Your signature on the line above 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 45.4898%.

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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