



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.

To pay by credit card, please visit our website at <http://www.lpnan.org> and click on "Member Services," and then choose "Membership."

Benefits of Membership:

- Discounted education workshops and products
- Bi-monthly email newsletter
- LPNAN Convention held twice per year in conjunction with NNFA/NALA conventions
- LPN legislative/lobbyist representation at state and national levels
- Representation on Nebraska Board of Nursing
- Networking with other members in your profession across the state
- Access to scholarships/grants

Contributions or gifts to the Licensed Practical Nurse Association of Nebraska are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The non-deductible portion of your 2018 dues is 42.25%.

Rev. 2/18

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
 Assisted Living
 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) _____

Gender

Female
 Male

Race/Ethnic Group

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

Date of Birth

Mo.	Day	Year