



## Membership Application

Please provide your e-mail address so ANIA can send you its E-News, the Journal of Informatics Nursing and other valuable membership benefits.

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Employer \_\_\_\_\_

Preferred Address: HOME or WORK (circle one)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate Email \_\_\_\_\_

(Check Preferred phone)

Personal phone \_\_\_\_\_

Business phone \_\_\_\_\_

If you were referred by a member, please enter member's name \_\_\_\_\_

### PROFILE / SURVEY

Your individual professional and practice background information is utilized by ANIA to create programs and services to meet your specific needs.

**(1) Primary Job Title**

- RN
- MD
- PT
- RT
- OT
- ST
- RDA
- Other \_\_\_\_\_

**(2) Highest Level of Education Completed**

- Diploma
- Associate
- Bachelors
- Masters
- Doctorate

**(3) Current Certification(s)**

- CISSP
- CPEHR
- CPHIE
- CPHIMS
- CPHIT
- Nursing Informatics
- PMP
- RHIA
- RHIT
- Vendor-specific
- Other \_\_\_\_\_

**(4) Years in Informatics**

- 2 or less
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10
- 11 - 15
- 16 - 20
- More than 20
- Currently not in Informatics

**(5) Primary Practice Setting**

- Academia
- Home Health
- Hospital
- Long Term Care
- Rehab
- Skilled Nursing
- Telehealth
- Other \_\_\_\_\_

**(6) Systems Experience(s)**

- Cerner
- CPOE
- Eclipsys
- Epic
- GE
- Healthland
- Meditech
- Meditech Windows
- Programming
- QS
- Other \_\_\_\_\_

What is your birthday month? \_\_\_\_\_

What is your birthday year? \_\_\_\_\_

**ANIA Volunteer Options:**

*If you would like to volunteer, please check the areas in which you have previous experience.*

- Abstract review
- Membership development
- Mentor/Preceptor
- Newsletter – peer review
- Newsletter – final proofing
- Newsletter – author recruitment and assistance
- Government affairs
- Regional events
- Social media
- Website and marketing

*Thank you for your willingness to serve!*

### MEMBERSHIP DUES

Regular (RN) (1 year) \$ 99.00  
 Regular (RN) (2 year) \$188.00  
*SAVE \$10.00!!*

Associate (1 year) \$ 99.00  
 Associate (2 year) \$188.00  
*SAVE \$10.00!!*

Senior (Age 65+) \$ 75.00  
 Student (1 year)\* \$ 50.00

\*School \_\_\_\_\_  
 \*Degree sought \_\_\_\_\_  
 \*EST Graduation Date \_\_\_\_\_

### PAYMENT

Please check your ANIA status:

- I am a new member
- I am a current member and want to renew
- I am a previous member and want to rejoin

Check is enclosed (payable in US Funds to ANIA)

Charge my \_\_\_\_\_ VISA OR \_\_\_\_\_ MasterCard Amount \$ \_\_\_\_\_  
 Amer. Express Expiration \_\_\_\_\_  
 Discover Security Code \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on Card \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Billing City/St/Zip \_\_\_\_\_

Signature \_\_\_\_\_