

MEMBERSHIP APPLICATION

rates effective April 1, 2008 – June 30, 2009



American Society of PeriAnesthesia Nurses

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STEP #1: Please print legibly all information requested.

Name: _____
First Middle Last CREDENTIALS (please provide)

Home Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Home Fax: (_____) _____

Employer: (required) _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone: (_____) _____ Work Fax: (_____) _____

Home Email: _____ Work Email: _____

*** email address not sold or used for other than ASPAN business/updates

Date of Birth: _____ (mm/dd/yy) Annual License #: _____

ASPAN occasionally makes its membership list available to organizations whose products or services we feel would be beneficial to our members. All requests are carefully scrutinized. However, we understand if you do not wish to have your name included in the distribution of these ASPAN Member Lists.

Please do not include my name on any lists sold to outside groups or organizations.

Federal Tax ID #: 06-1024058

DEMOGRAPHICS • Please select all that apply.

A. Professional Status

- RN
- LPN/LVN
- Other: _____

B. Position

- Staff Nurse
- Head Nurse
- Supervisor/Coordinator
- Administrator
- Clinical Nurse Specialist
- Educator
- Consultant
- Nurse Manager
- Other: _____

C. Practice Setting

- Hospital PACU
- Hospital ASU
- Freestanding ASU
- Preanesthesia Holding
- Preadmission
- Endoscopy
- Private Office
- Spec. Procedure/Interventional Radiology
- Other: _____

D. No. Years in PeriAnesthesia/Ambulatory Surgical Nursing

- 1-5
- 6-10
- 11-20
- 21-30
- Over 30
- Over 40

E. Education

- Diploma
- AD Nursing
- BS Nursing
- BS/BA other field
- MS Nursing
- MS/MA other field
- Doctorate Nursing
- PhD/EdD
- Other: _____

F. Certification

- CPAN
- CAPA
- Dual – CPAN & CAPA
- CRNA
- CNOR
- CCRN

G. Gender

- Male
- Female

H. Age

- Under 25
- 25-35
- 36-45
- 46-55
- Over 55

I. Facility

- 50 beds or under
- 51-150 beds
- 151-400 beds
- 401-750 beds
- Over 750 beds
- No overnight beds

J. Additional Memberships

- ANA
- AORN
- AACN
- ENA
- SGNA
- Other: _____

GENERAL INFORMATION

- How did you hear about ASPAN?
 Colleague JoPAN
 Breathline
- Were you recruited by an ASPAN Member? *
 Yes No

If yes, please provide:

Member Name: _____

Member Number (if known): _____

* Remember – ASPAN has a Recruiter of the Year Award.

- Application obtained from?
 Colleague Seminar
 Component Direct Mail
 Internet Other: _____
 JOPAN

There are five categories of membership

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

- \$75.00 ACTIVE MEMBERS** shall be those involved at least part-time in the care of ambulatory surgery, preanesthesia or postanesthesia patients, or in the management, teaching or research of perianesthesia nursing. Active members have the right to hold office, serve on committees and vote. IT IS MANDATORY THAT ACTIVE MEMBERS JOIN A LOCAL COMPONENT.
- \$100.00 AFFILIATE MEMBERS** shall be any duly licensed health care professionals who have an interest in perianesthesia patient care. Affiliate members shall receive all publications and notices but shall not vote, be eligible to hold office or serve on committees. Affiliate members are not required to join a component.
- \$100.00 INTERNATIONAL MEMBERS** shall be any duly licensed health care professionals who have an interest in perianesthesia patient care and reside outside of the United States and Bermuda. International members shall receive all publications and notices but shall not vote, be eligible to hold office or serve on committees.
- \$55.00 RETIRED MEMBERS** shall be those nurses who have ceased their active practice in the perianesthesia care setting by reason of retirement or permanent disability. They shall have the right to vote and serve on committees. IT IS MANDATORY THAT RETIRED MEMBERS JOIN A LOCAL COMPONENT
- \$55.00 STUDENT MEMBERS** shall be those enrolled in a school of nursing and not currently licensed as nurses. Applicants for Student membership must provide the name of their nursing school and a copy of student ID. Student members shall receive all publications and notices but shall not vote, be eligible to hold office or serve on committees. IT IS MANDATORY THAT STUDENT MEMBERS JOIN A LOCAL COMPONENT ** Please provide name of nursing school, copy of student ID.

\$ _____
MEMBERSHIP DUES TOTAL

Component membership is MANDATORY for all but Affiliate and International categories.
 You may choose to belong to more than one Component. Please check component(s) you want to join.

<input type="checkbox"/> \$25.00 Alabama (ALAPAN)	<input type="checkbox"/> \$25.00 Nebraska (NAPAN)
<input type="checkbox"/> \$35.00 Arizona (AzPANAN)	<input type="checkbox"/> \$25.00 Nevada (NevPANAN)
<input type="checkbox"/> \$20.00 Arkansas (PACNA)	<input type="checkbox"/> \$25.00 New Jersey /Bermuda (NJBPANAN)
<input type="checkbox"/> \$30.00 California (PANAC)	<input type="checkbox"/> \$30.00 New Mexico (PANANM)
<input type="checkbox"/> \$25.00 Chesapeake Bay (CBSPAN) (Includes: MD, DE, DC)	<input type="checkbox"/> \$35.00 New York (NYSPANAN)
<input type="checkbox"/> \$30.00 Connecticut (CSPAN)	<input type="checkbox"/> \$30.00 North Carolina (NCAPAN)
<input type="checkbox"/> \$40.00 Florida (FLASPAN)	<input type="checkbox"/> \$35.00 Northwest (NPANAN) (Includes: AK, ID, MT, OR, WA)
<input type="checkbox"/> \$30.00 Georgia (GAPAN)	<input type="checkbox"/> \$30.00 Ohio (OPANAN)
<input type="checkbox"/> \$25.00 Hawaii (HIPAN)	<input type="checkbox"/> \$25.00 Oklahoma (OSPAN)
<input type="checkbox"/> \$25.00 Illinois (ILSPAN) (Includes Eastern MO)	<input type="checkbox"/> \$25.00 Pennsylvania (PAPAN)
<input type="checkbox"/> \$30.00 Indiana (INSPAN)	<input type="checkbox"/> \$25.00 Rhode Island (RIAPAN)
<input type="checkbox"/> \$25.00 Iowa (ISPAN)	<input type="checkbox"/> \$25.00 Rocky Mountain (RMPANAN) (Includes: CO, WY, NE)
<input type="checkbox"/> \$30.00 Kentucky (KSPAN)	<input type="checkbox"/> \$20.00 South Carolina (SCAPAN)
<input type="checkbox"/> \$35.00 Louisiana (LAPAN)	<input type="checkbox"/> \$30.00 Tennessee (TSPAN)
<input type="checkbox"/> \$30.00 Maine (MESPAN)	<input type="checkbox"/> \$40.00 Texas (TAPAN)
<input type="checkbox"/> \$25.00 Massachusetts (MASPAN)	<input type="checkbox"/> \$25.00 Utah (USPAN)
<input type="checkbox"/> \$30.00 Michigan (MAPAN)	<input type="checkbox"/> \$35.00 Vermont/New Hampshire (VT/NHAPAN)
<input type="checkbox"/> \$35.00 Minnesota/Dakota (MNDKSPAN)	<input type="checkbox"/> \$35.00 Virginia (VSPAN)
<input type="checkbox"/> \$30.00 Mississippi (MSPAN)	<input type="checkbox"/> \$15.00 West Virginia (WVSPAN)
<input type="checkbox"/> \$20.00 Missouri/Kansas (MO-KAN PANAN)	<input type="checkbox"/> \$30.00 Wisconsin (WISPAN)

\$ _____
COMPONENT DUES TOTAL (IF MORE THAN ONE COMPONENT SELECTED, PLEASE TOTAL ALL)

Specialty Practice Groups (SPG) Dues.
 Membership to this group is optional.

- Preoperative Assessment
- Management
- Pain Management
- Publications
- Geriatric
- Pediatric
- Perianesthesia Nurse Educator
- Advanced Degree (must be Master's Prepared)

The purpose of ASPAN's Specialty Practice Groups (SPG) is to bring together sub-specialty nurses who share a special practice in perianesthesia nursing. SPGs are member-driven and offer a variety of networking and educational opportunities, serve as a resource on practice and professional issues, and facilitate research within the organization.

SPGs are each \$15.00 per year.

\$ _____
OPTIONAL SPG TOTAL
 (If more than one SPG selected, please total all.)

Payment Information

\$ _____
TOTAL DUES PAYMENT

**Dues include a non-deductible allocation of \$ 26.00 for JoPAN*

Check Enclosed Check #: _____

Make checks payable to ASPAN. Checks must be drawn on a U.S. bank in U.S. funds.

Please charge my: VISA MasterCard American Express

Card #: _____ Expiration Date: _____

Authorized Signature: _____

REQUIRED

DATE

