

MEMBERSHIP APPLICATION



AWHONN

PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

CONTACT INFORMATION

Title First Name Last Name Credentials Suffix

Mailing Address

City State Zip Code

Email Address Home Phone Mobile*

Are you an RN? Yes No

*I'd like to receive member updates via text message

All active duty military personnel will be assigned to the AWHONN Armed Forces section. Those with other affiliations with the armed services may also join.

PROFESSIONAL INFORMATION

Professional Title

Employer Address

Employer City Employer State Employer Zip Code

Country

Which of the following best describes your main work setting?

- Academic/tertiary care hospital
- Birth center attached to an inpatient hospital
- Community hospital
- Federal/military hospital
- Freestanding birth center
- Indian health center
- Outpatient/ambulatory care/office setting

Primary Clinical Focus

- Antepartum
- Intrapartum (includes LDR/LDRP, & L&D)
- Postpartum
- Breastfeeding & Lactation
- Neonatal Intensive Care/Intermediate Nursery
- Well Baby Nursery
- Gynecology
- Mother/Baby
- Women's Health Ambulatory Care
- Women's Reproductive Health Clinic/Department

Job settings

- Academia
- Ambulatory Care
- Home Health Care
- Hospital Inpatient
- Not working
- Public Health
- Other

1st Primary Position

- Charge Nurse
- Resource Nurse
- Clinical Nurse Specialist
- Nurse Educator/Staff Development
- Lactation Specialist
- Nurse Manager
- Perinatal Safety/Quality Nurse
- Case Manager
- Executive Administrator
- Academic
- Nurse Practitioner
- Midwife
- Student
- Informaticist
- Consultant
- Other

2nd Primary Position

3rd Primary Position

MEMBERSHIP TYPE

- Full Membership**\$216
Nurses and other interested parties, receiving all member benefits, RNs may vote, hold office, and serve on committees.
- E-Membership**\$96
Nurses and other interested parties, receiving partial member benefits. May not vote or hold office. Includes online access to AWHONN journals.
- Student Membership**\$60
Must be full-time undergraduate student and must produce proof of current enrollment in a nursing program (undergraduate) each year.
- Retired Membership**\$96
Requires three years prior membership in AWHONN. Retired RNs aged 65 or older. Retired RNs may service on committees. Includes online access to AWHONN journals.

Note: Only Full Members who are RNs have voting privileges.

Hospital

Employer Area Code & Phone

Employer Fax

Member Referral

Referring Member Name _____

Referring Member ID# _____

Highest Degree Earned

Degrees/Licensure/Certifications

Projected Graduation Date

Nursing Since (What year did you become a nurse?) _____

CNE Required?

- Yes
- No

Equipment and Supplies Authority

- Make purchasing decisions directly
- Recommend or influence decisions
- No role in purchasing equipment and/or supplies

Prescriptive authority

- Have prescriptive authority
- Recommend medication and/or OTC products
- Counsel/educate patients on use of medications and/or OTC products
- No role regarding medications and/or OTC products

Military Branch

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- National Guard

Military Rank

Military Status (active duty members of the US Armed Forces will be members of the AWHONN Armed Forces Section)

- Active
- Civil Service (overseas)
- Reserve
- Retired
- Spouse (overseas)

Armed Forces Reserve Section

- No
- Yes

JOIN ONLINE: www.awhonn.org/join

CALL: 800-354-2268 (US) 800-245-0231 (CANADA) MAIL APPLICATION TO: AWHONN, Dept 4015, Washington, DC 20042-4015

Membership is for one year from the date dues are received. Membership dues are nonrefundable.

PERSONAL INFORMATION:

The following information is requested for demographic purposes only.

Date of Birth (MM/DD/YYYY) _____

- Gender**
- Male
 - Female
 - Non-binary
 - Prefer not to say

- Do you identify as transgender?**
- Yes
 - No
 - Prefer not to say

- Race/Ethnicity**
- African American/Black
 - American Indian/native American
 - Asian
 - Caucasian/White
 - Hispanic/Latino/Latina/Latinx
 - Native Hawaiian/Pacific Islander
 - Other
 - Prefer not to disclose

- Sexual Orientation**
- Straight/Heterosexual
 - Gay or Lesbian
 - Bisexual
 - Prefer to self-describe
 - Prefer not to say

- Special Accommodations**
- Hearing
 - Mobility
 - Both

- Primary Language**
- Chinese
 - Dutch
 - English
 - French
 - German
 - Japanese
 - Korean
 - Other
 - Portuguese
 - Spanish
 - Prefer Not to Disclose

Dietary Restrictions

ADDITIONAL INFORMATION:

How Did You Hear about AWHONN?

Other Comments:

- Which of the following would you like to hear more about from us?**
- New Product Releases by AWHONN
 - Fetal Heart Monitoring
 - Newborn/Neonatal Topics
 - Obstetric Topics
 - Women's Health Topics
 - Professional and Career Development

PAYMENT (choose one)

- Annual Dues Payment*:** Charged once per year.
- My check for \$_____ is enclosed, made payable to AWHONN
 - Charge my credit/debit card the full dues amount now:
 - \$216 Full Member OR
 - \$384 Full 2-Year Member OR
 - \$96 E-Member 1-Year OR
 - \$180 E-Member 2-Year OR
 - \$60 Student Member OR
 - \$96 Retired

- Monthly Dues Payment*:** Credit/debit card is charged monthly. Monthly payment option is not available for two-year memberships.
- Full Member \$19 per month
 - E-Member \$9 per month
 - Student Member \$6 per month
 - Retired Member \$9 per month

*I authorize AWHONN to continue to charge my credit/debit card for my full or monthly pay dues (and voluntary contributions, if applicable) from year to year until such time I notify AWHONN by telephone at 800/673-8499, or in writing at customerservice@awhonn.org or AWHONN, Attn: Customer Service Department, 1800 M St, NW, Suite 740S, Washington, DC 20036 to cancel the automatic renewal. I understand that if I do not meet my dues payment obligation to AWHONN, my membership will be cancelled.

Card Type: VISA MASTERCARD AMERICAN EXPRESS

Card Number _____ Expiration _____ CVV _____

Cardholder's Name _____ Signature _____ Phone Number _____

BILLING ADDRESS: Same as mailing address above

First Name _____ Last Name _____ Credentials _____

Mailing Address _____ City _____ State _____ Zip _____

DONATION (choose one)

- Add a one-time donation of \$50 \$100 Other \$_____ to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.
- Add a recurring donation of \$20 \$30 \$50 Other \$_____ per month to AWHONN's Every Woman, Every Baby campaign to promote breastfeeding, full-term pregnancies, and women's health at every age.