



# HPNA Membership Form

Join \* Renew

**Full Name:** \_\_\_\_\_  
 Last First Middle Initial

**Credentials:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ (xx/xx/xxxx)

**Home Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

**Employer:** \_\_\_\_\_ **Employer Phone** (\_\_\_\_) \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Primary E-mail Address** \_\_\_\_\_

**Secondary E-Email Address** \_\_\_\_\_

**Check if applicable:** \_\_\_\_ *Do not distribute my contact information for purposes unrelated to HPNA activities.*

New Membership     Renewing Membership and ID number: \_\_\_\_\_

*Please PRINT clearly. \* Email used for E-newsletter, membership confirmation, and organizational announcements. HPNA does not rent e-mail addresses.*

Membership Level (Includes Online Subscriptions to Journal of Hospice and Palliative Nursing and Journal of Palliative Medicine)	1 Year	2 Year
<b>RN (Voting)</b>	<input type="checkbox"/> \$115	<input type="checkbox"/> \$210
<b>RN Student*</b> (Full-Time Student, RN licensed, Voting)	<input type="checkbox"/> \$55	
<b>Senior RN**</b> (RNs, 70 or older, no longer working in nursing, Voting)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85
<b>LP/VN (Non-Voting)</b>	<input type="checkbox"/> \$82	<input type="checkbox"/> \$140
<b>Nursing Assistant (Non-Voting)</b>	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55
<b>Student Nurse*</b> (Full-Time Student, Non-Licensed, Non-Voting)	<input type="checkbox"/> \$45	
<b>Associate</b> (non-RN; ex: MSW, clergy, MD, Non-Voting)	<input type="checkbox"/> \$82	
<b>ADD Print Subscription for the Journal of Hospice and Palliative Nursing (6 issues per year)</b>	<input type="checkbox"/> \$14	<input type="checkbox"/> \$28
<b>Membership Total</b>	\$	\$

## Payment Information

\_\_\_\_\_ I have enclosed a check or money order in the amount of \$ \_\_\_\_\_

**Make checks payable to HPNA.** Foreign checks cannot be accepted. Non-U.S. residents, please pay by credit card.  
 Mail to HPNA, One Penn Center West, Suite 425, Pittsburgh, PA 15276

\_\_\_\_\_ **Type of Credit Card:**     Visa     MasterCard     Discover     American Express

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    **Expiration Date:** (00/00) \_\_\_\_\_

*Required:* security number found on back of credit card \_\_\_\_\_

**Print name as it appears on credit card:** \_\_\_\_\_    **Cardholder Signature** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_     Billing Address Same as **Home** Noted Above  
 Billing Address Same as **Work** Noted Above

\_\_\_\_\_ I am including an additional \_\_\_\_\_ as a tax-deductible gift to HPNF. *Financial gifts to the Hospice and Palliative Nurses Foundation (HPNF) are considered charitable contributions* which are used to fund nursing research, grants and awards. Please consider adding a contribution to HPNF with your payment.

Note: Payment of membership dues is not tax deductible as a charitable contribution, but may be tax deductible as ordinary and necessary business expense. HPNA estimates 5% of membership dues are allocated to lobbying activities on behalf of its members, and are therefore nondeductible as a business expense. Please consult your tax advisor for further advice.

## Three Easy Ways to Join

Join online at [www.gohpna.org](http://www.gohpna.org) \*\*\* Mail this application to One Penn Center West, Suite 425, Pittsburgh, PA, 15276 \*\*\* Fax this application to 412 -787-9305

## Professional Experience

### Professional Background:

- Nurse Practitioner       Clinical Nurse Specialist       RN  
 LP/VN       Nursing Assistant       MD  
 Volunteer       MSW       Chaplain  
 Other: \_\_\_\_\_

### Type of Practice:

- Clinical       Educational  
 Administrative       Research  
 Other: \_\_\_\_\_

## Educational Information

- High School       CNA       Diploma in nursing       Associate degree in nursing  
 Bachelor's degree (nursing)       Bachelor's degree (non-nursing)       Master's degree (nursing)       Master's degree (non-nursing)  
 Doctoral degree (nursing)       Doctoral degree (non-nursing)

## Professional Demographics

### Which best describes the nature of your practice?

- Hospice Care  
 Palliative Care     Both  
 Other: \_\_\_\_\_

### Total number of years in hospice/palliative care:

- 0-2yrs       3-5yrs       6-10yrs       11-15yrs  
 16-20yrs       21-25yrs       26-30yrs       >30yrs  
 Not applicable

### Total number of years in your profession:

- 0-2yrs       3-5yrs  
 6-10yrs       11-15yrs  
 16-20yrs       21-25yrs  
 26-30yrs       >30yrs  
 Not applicable

### Primary role (please check ONE):

- Staff nursing assistant     Staff nurse (RN, LPN/LVN)  
 Clinical supervisor/patient care coordinator  
 Manager/administrator     Clinical educator (including staff development)  
 Advanced practitioner (i.e., CNS, NP)       Faculty/researcher  
 Consultant for hospice/palliative care team     Other: \_\_\_\_\_

### Primary employer (please check ONE):

- Hospice agency       Home health agency  
 Hospital/healthcare system     Long-term facility  
 College or university       Self (private practice)  
 Private physician practice     Correctional Facility  
 Ambulatory care facility     Other: \_\_\_\_\_

### Primary practice setting (please check ONE):

- Private home     Nursing home, assisted living or extended care facility  
 Hospital: palliative care unit       Hospital: hospice unit  
 Hospital: other unit or scattered beds     Clinic  
 Any setting in which patient resides     Prison  
 Freestanding residential or inpatient hospice  
 I do not routinely see patients  
 Other: \_\_\_\_\_

### Primary age group served (please check ONE):

- Adult     Pediatric     Both

## Select Your Special Interest Groups (SIGS)

HPNA SIGs approach a variety of clinical and administrative topics found within hospice and palliative care. Each community helps its members in keeping current within practice areas through timely announcements, peer connections, community webpages, and e-mail messages. Join as many SIGs as you like – all are included with your HPNA membership.

- Bioethics       ICU       Public Policy       Pediatrics  
 Research       LPN/LVN       Heart Failure       Chapters       Advance Practice Nursing (APN)

## Optional Information:

### What membership benefits do you value most (select up to 3):

- Free E-Learning Courses with Contact Hours       HPCC® Certification Exam Fee Discount  
 Member Pricing for HPNA Products & Services       Journal of Hospice and Palliative Nursing  
 Journal of Palliative Medicine       Advocacy  
 CCE-Tracking       Local Chapter Involvement  
 Newsletter       Other: \_\_\_\_\_

Are you a member of an HPNA chapter or provisional group?     Yes       No

If yes, please note the name of Chapter or Group \_\_\_\_\_

How did you learn about HPNA?     Journal of Hospice and Palliative Nursing     Other professional journal  
 HPNA Chapter Meeting     Colleague     Employer     Internet     Other (Please specify) \_\_\_\_\_

Gender:     Female     Male

Race:     African American/Black     Asian/Asian American/Pacific Islander     Caucasian  
 Hispanic     Native American/Alaskan Native     Multi-racial     Other: \_\_\_\_\_

**Thank you for your membership and support of HPNA!**

Your application will be processed immediately and your membership materials will be **e-mailed** within one week.