



MEMBERSHIP

[] JOIN [] RENEW

Full Name _____

Credentials _____

Home Address _____

Home Phone _____ Cell Phone _____

Primary Email Address _____

Secondary Email Address _____

Date of Birth (MM/DD/YYYY) _____

Which of the following genders do you most identify with?

[] Female [] Male [] Non-Binary [] Transgender [] Prefer not to Indicate [] Other _____

How would you best describe yourself?

[] Asian [] Black/African American [] Caucasian/White [] Native American/Alaskan Native

[] Native Hawaiian/Pacific Islander [] Prefer not to Indicate [] Other _____

Are you of Hispanic, Latino, or Spanish origin? [] Yes [] No [] Prefer not to Indicate

MEMBERSHIP LEVEL

	1 YEAR	2 YEARS
[] APRN (APRN, Voting)	\$155	\$295
[] RN (Registered Nurses, Voting)	\$135	\$250
[] LPN/VN (Voting)	\$97	\$180
[] Nursing Assistant (Voting)	\$60	\$108
[] Associate (non-RN, MSW, clergy, MD, Non-Voting)	\$135	
[] Retired RN (70 or older, no longer working in nursing, Voting)	\$65	\$125
[] Student (Full-time student, Non-licensed)	\$0	
[] ADD *Print subscription for the <i>Journal of Hospice and Palliative Nursing</i> (6 issues/year)	\$14	\$28
[] ADD Tax deductible donation to the Hospice and Palliative Nurses Foundation (HPNF)	\$	
TOTAL	\$	

*All levels include an **online** subscription to the *Journal of Hospice and Palliative Nursing*

PAYMENT INFORMATION Please check the box for the payment of your choice

[] **Check or Money Order**

[] **Credit Card**

In the Amount of \$ _____

[] Visa

[] MasterCard

[] Discover

[] American Express

Please make your check payable to HPNA.

Foreign checks cannot be accepted.

Non-United States residents, please pay by credit card.

Credit Card Number _____

Expiration (MM/YY) _____ Security (CVV) Code _____

Name as it Appears on Card _____

Billing Address _____

City/State/Zip _____

Cardholder Signature _____

Mail to:

HPNA
400 Lydia Street
Suite 103
Carnegie, PA 15106

GETTING TO KNOW YOU

HIGHEST EDUCATION

- Doctorate Degree - Nursing
- Master's Degree - Nursing
- Bachelor's Degree - Nursing
- Associate's Degree - Nursing
- High School
- Nursing Diploma from an accredited nursing school/program
- Doctorate Degree
- Master's Degree
- Bachelor's Degree
- Associate's Degree
- Nursing Assistant Program

PROFESSIONAL EXPERIENCE

Employment Status

- Full-Time Employee
- Part-Time Employee
- Full-Time Student
- Not Employed/Seeking Employment
- Retired
- Volunteer
- Self-Employed
- Disabled

PRIMARY EMPLOYER (CHECK ONE)

- Academic Institution
- Ambulatory Care/Outpatient Care Facility
- Association/Non-Profit
- Correctional Facility
- Government (Federal, State, Military, VA, NIH, etc.)
- Home Healthcare Agency
- Hospice Facility
- Hospital of Acute Care
- Long-Term Care Facility
- Private or Public Company
- Private Physician Practice
- Self (Private Practice)

WHAT BEST DESCRIBES YOUR CURRENT OCCUPATION?

- Advanced Practice Registered Nurse
- Allied Therapist
- Chaplain
- Child Life Specialist
- Clinical Nurse Specialist
- Counselor
- LPN/LVN
- Nurse Practitioner
- Nursing Assistant
- Physician
- Psychologist
- Registered Nurse
- Social Worker
- Spiritual Counselor
- Volunteer

Employer _____

Employer Phone Number _____

Work Address _____

City/State/Zip _____

PRIMARY FACILITY LOCATION (CHECK ONE)

- Rural
- Suburban
- Urban

PRIMARY AGE GROUP SERVED (CHECK ONE)

- Adult
- Pediatric
- Both

WHICH BEST DESCRIBES THE NATURE OF YOUR PRACTICE?

- Hospice Care
- Palliative Care
- Both

PRIMARY PRACTICE SETTING (CHECK ONE)

- Academic or Research Setting
- Hospice - Acute Care Facility
- Hospice - Community Based Clinical
- Non-Hospice - Acute Care Facility
- Non-Hospice - Community Based Clinical
- Palliative - Acute Care Facility
- Palliative - Community Based Clinical
- Do not see patients
- Organization or Association

WHAT BEST DESCRIBES YOUR TYPE OF PRACTICE?

- Administrative
- Clinical
- Education
- Research
- Other

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT OF HPNA!

Your application will be processed within 24 hours of receipt, or one business day.

TOTAL YEARS IN YOUR PROFESSION

- 0-2 Years
- 3-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- 21-25 Years
- 26-30 Years
- 30+ Years
- N/A

TOTAL YEARS IN HOSPICE & PALLIATIVE CARE

- 0-2 Years
- 3-5 Years
- 6-10 Years
- 11-15 Years
- 16-20 Years
- 21-25 Years
- 26-30 Years
- 30+ Years
- N/A

PRIMARY LICENSURE

- Advanced Practice Registered Nurse
 - Certified Nurse Midwife
 - Certified Registered Nurse Anesthetist
- Certified Nurse Practitioner
- Clinical Nurse Specialist
- Registered Nurse
- Licensed Practical/Vocational Nurse
- Affiliated Profession (Behavioral Therapist, OT, Social Work, Counseling)
- Pharmacist
- Physician Assistant (PA)
- Psychologist/Psychiatry
- Physician
- Certified Nursing Assistant
- Not Licensed/Does Not Apply

MEMBERSHIP BENEFITS

Which membership benefits do you value most? (Select Three)

- CE Tracking
- Chapters
- Free eLearning Courses
- HPCP Certification Exam Fee Discount
- HPNA Newsletter
- Journal of Hospice and Palliative Nursing
- Member Pricing on HPNA Products
- Networking

SPECIALTIES

- Behavioral
- Bioethics
- Cardiac
- Critical Care/ICU
- Chaplain/Spiritual Counsel
- Emergency Care
- Geriatrics
- Hospice
- Neurology
- Non-Medical Business
- Oncology
- Organ Failure/Transplant
- Palliative
- Pediatric/Neonatal
- Physical Therapy/Rehab
- Pulmonary/Respiratory
- Wound Care
- Renal/Nephrology
- Women's Services

ARE YOU A MEMBER OF AN HPNA CHAPTER OR PROVISIONAL GROUP?

- Yes No
- If yes, which chapter or group? _____

HOW DID YOU FIRST LEARN ABOUT HPNA?

- Colleague
- Employer
- HPNA Chapter Meeting
- Internet
- Journal of Hospice and Palliative Nursing
- Other Journal
- Other (Please specify) _____

Note: Payment of membership dues is not tax deductible as a charitable contribution but may be tax deductible as an ordinary and necessary business expense. HPNA estimates 7% of membership dues are allocated to lobbying activities on behalf of its members and therefore, are nondeductible as a business expense. Please consult your tax advisor for further advice.