

HPNA Membership Form

*Join * Renew*

Full Name:	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Initial </div>	Date of Birth: _____ (xx/xx/xxxx)	
Credentials:	_____		
Home Address:	_____		

Employer:	_____		
Work Address:	_____		

Home Phone (____)	Cell Phone (____) _____		
Primary E-mail Address	_____		
Secondary E-Email Address	_____		
Check if applicable:	_____ <i>Do not distribute my contact information for purposes unrelated to HPNA activities.</i>		
<input type="checkbox"/> New Membership <input type="checkbox"/> 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
RN (Voting)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$180
RN Student* (Full-Time Student, RN licensed, Voting)	<input type="checkbox"/> \$55	
Senior RN** (RNs, 70 or older, no longer working in nursing, Voting)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85
LP/VN (Non-Voting)	<input type="checkbox"/> \$82	<input type="checkbox"/> \$140
Nursing Assistant (Non-Voting)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$55
Student Nurse* (Full-Time Student, Non-Licensed, Non-Voting)	<input type="checkbox"/> \$45	
Associate (non-RN; MSW, Clergy, MD, Non-Voting)	<input type="checkbox"/> \$82	
ADD Print Subscription for the Journal of Hospice and Palliative Nursing (6 issues per year)	<input type="checkbox"/> \$14	<input type="checkbox"/> \$28
Membership Total	\$	\$

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 *** 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
☐ CE-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.