



# MEMBERSHIP

## Join/Renew

**Please enclose payment for the annual & chapter dues when submitting this application.**

Annual dues are \$80 for nurses, \$100 for associate members (non-nurses), and \$40 for full-time nursing students with proof of full time student status – **plus \$20 for Chapter dues if applicable.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Mailing Address\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email Address (required)\*\* \_\_\_\_\_

Preferred Telephone ( ) \_\_\_\_\_ Please circle one: Home Work Cell

Nursing License (circle one): RN LPN State: \_\_\_\_\_ Number: \_\_\_\_\_

Are you a **CDDN** or **DDC**? YES NO If YES, when does your certification expire? \_\_\_\_\_

➔ Active membership with DDNA national is **required** to use your CDDN/DDC credentials, please renew your membership **without** lapse to maintain your CDDN/DDC certification. Any lapse in membership must be brought current with the most recent membership renewal.

Are you a member of a Chapter of DDNA? Yes NO If YES, **add \$20** to membership dues.

If yes, please write the name of the Chapter: \_\_\_\_\_

- I am a **renewing** member, my membership number is: \_\_\_\_\_
- I am a **charter** member. If you are a charter member, please include your charter membership number: \_\_\_\_\_
- I am a **new** nurse member.
- I am a **student** member\*\*\* (a copy of your current schedule is required, please email (members@ddna.org) or attach your current school schedule).
- I am an **associate** member. If renewing, my membership number is: \_\_\_\_\_

Mail Form & Payment to: DDNA 1501 South Loop 288 Suite 104-381 Denton, TX 76205

**Returned checks will be charged a \$25 fee; all fees are non-refundable/non-transferable.**

**Make Checks Payable to: DDNA**

You must have a username and password to access member-only benefits on DDNA.org. Existing members may continue to access the website and member benefits using their current username and password. New members will have a unique username and a temporary password created. **The email address you supplied on this form will become the username for your membership.** When accessing DDNA.org for the first time, request a password reset by clicking "Forgot Password." You will receive an email, at the email address provided above, prompting you to reset your password. Your username and password are the keys to accessing member-only benefits and to accessing valuable information about I/DD nursing. **Visit DDNA.org for a list of member benefits and for more information about DDNA!**

*\*Your membership card will be mailed to this address.*

*\*\*We will use this e-mail address to notify you when it is time to renew your membership.*

*\*\*\*Student membership is available only to full-time undergraduate nursing students. Please see student requirements at DDNA.org.*

PRIVACY POLICY: Occasionally, DDNA rents its membership list, excluding phone numbers, to vendors that offer products, services, or employment opportunities that DDNA believes would be of interest to its members. You may choose to be excluded from the membership list\*. To request exclusion from DDNA's mailing list, submit your request by email to [admin@ddna.org](mailto:admin@ddna.org) and place "Exclude From Mailing List" in the subject line. \*Note: There are two exceptions. DDNA's conference sponsors receive a one-time-use mailing list containing all conference attendees & DDNA chapters are permitted access to member emails for DDNA chapter information.