



1-800-262-6877 | www.aaacn.org | aaacn@aaacn.org

AAACN Membership Application

Name: _____ Credentials: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Preferred Mailing Address (check one)

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Fax #: () _____

Preferred Daytime Phone: Home Work

E-mail: _____

AAACN **does not** sell or share member e-mail addresses with any outside parties. It is extremely important for us to have your e-mail address to send your dues renewal notice, monthly E-newsletters, and other timely information.

Membership Fee (Please check one)

Dues are not deductible as a charitable organization, but may qualify as a business expense.

- Registered Nurse . . . \$130** **Affiliate/LPN/LVN . . . \$105**
- Registered Nurse . . . \$240** **Senior . . . \$70**
 Pay 2 years – **SAVE \$20!** Continuous member for 3 years and reached age 62.
- Student . . . \$70**
 Course of study for initial licensure ONLY - enclose proof of enrollment.

- Check payable in US Funds to AAACN
 Charge my Visa MasterCard AmEx Discover

Card # _____ - _____ - _____ - _____

3 or 4 digit security code _____

Expiration Date _____ in the amount of \$ _____

Card Holder (print): _____

Credit card billing address: _____

Signature _____

Fax this form to (856) 218-0557 or mail to: AAACN, PO Box 56, Pitman, NJ 08071-0056
 (800) 262-6877 | aaacn@aaacn.org | www.aaacn.org

Please circle one answer for each question.

1. Position

- Administrator/Director
- Advanced Practice
- Care Coordinator
- Consultant
- Educator
- Manager/Supervisor
- Researcher
- Staff Nurse
- Other _____

2. Practice Setting

- College/Educational Institution
- Community Hospital
- Free Standing Facility
- Hospital-based Outpatient Clinic/Center
- Managed Care/HMO/PPO
- Military or VA
- Patient Homes
- Solo/Group medical practice
- Telehealth Call Center
- University Hospital
- Other _____

3. Highest Level of Education Completed

- LPN/LVN
- Diploma—Nursing
- Associate Degree—Nursing
- Associate Degree—Other
- Bachelor's Degree—Nursing
- Bachelor's Degree—Other
- Master's Degree—Nursing
- Master's Degree—Other
- Doctorate Degree, Nursing
- Doctorate Degree, Other

4. If you are involved in clinical care, please circle the area that best describes your practice.

- Ambulatory Surgery
- Behavioral Health
- Family Practice
- General Surgery
- Internal Medicine
- Medical Specialties
- Multispecialty Clinic
- Obstetrics/Gynecology
- Oncology
- Orthopaedics/Rehabilitation
- Pediatrics
- Primary Care
- Surgical Specialties
- Telehealth
- Other _____

5. If you are in an administrative/managerial position, please circle ONE area that best describes your area of responsibility.

- Ambulatory Surgery
- Community/Public Health
- Employee/Occupational Health
- Hospital-based Emergency Services
- Information Management
- Nurse-Managed Center
- Oncology Clinic
- Patient Education
- Physician Group Office
- Practice/Primary Care
- Rehabilitation Outpatient
- Specialty/Sub-specialty Physician
- Practice
- Staff Education
- Triage
- Urgent/Immediate Care Center

6. Are you Certified? (Circle all that apply)

- Ambulatory Nursing ANCC
- Care Coordination MSNCB
- Telehealth NCC

7. Choose membership in as many Special Interest Groups (SIG) as you would like.

- Leadership
- Patient/Staff Education
- Pediatrics
- Telehealth Nursing Practice
- Tri-Service Military
- Veterans Affairs

8. Salary (Confidential)

- \$24,999 or less
- \$25,000 - \$44,999
- \$45,000 - \$64,999
- \$65,000 - \$84,999
- \$85,000 - \$105,000
- more than \$105,000

9. Select the journal you would like to receive as part of your membership benefits.

- MEDSURG Nursing
- Nursing Economic\$
- Pediatric Nursing

10. How did you hear about AAACN?

- A member
- AAACN Conference
- AAACN Enews
- Another Conference
- Certification organization
- Colleague
- ViewPoint Newsletter
- Web site

11. Select how you will receive your ViewPoint newsletter

- By Email
- By Mail

12. What is your birthday month:

13. What is your birthday year:

Who referred you to AAACN?