



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

# AAACN Membership Application

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Preferred Mailing Address (check one)

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_

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.

Membership Fee is non-refundable and non-transferable.

- Registered Nurse . . . . \$130     Affiliate/LPN/LVN . . . . \$105
- Registered Nurse . . . . \$240     Senior . . . . \$70  
 \*\*Pay 2 years – SAVE \$20\*\*    Continous 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 | 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.**  
 CCTM  
 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?**  
 \_\_\_\_\_

AAACN occasionally makes available members' addresses to organizations and vendors that provide products and services of value to the ambulatory care nursing community. If you prefer not to be included in these lists, please check the box provided.