



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

AAACN Membership Application

Name: _____ Credentials: _____

Preferred Mailing Address (check one)

Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____

Work Address

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.**
 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?
