

BULK MEMBERSHIP APPLICATION

- Bulk membership applications may be used for NEW or RENEWING members and are valid for one-year memberships.
- A minimum of 5 membership applications must be submitted at the same time in order to receive the discount.
- Each individual in the group must fill out an application and attach full payment either by check or credit card.

New Member Renewing Member - AACN Member Number _____

Last Name _____ First Name _____ MI _____ Male Female

Home Address _____ Apt/Unit # _____

City/State/Zip _____ Preferred Mailing Address Home Work/School

Phone: Home _____ Work _____ Cell _____

FAX: (H/W) _____ Email Address _____

Employer Name _____

Employer Address _____

City/State/Zip _____

Credentials _____ RN License # _____ State _____ Exp _____

Referred By: (Name:) _____ Member # _____ Chapter
For Member-Get-A-Member program referral incentives specify one: Individual

Member Type:

- Active (any U.S. licensed RN) \$69.00/per yr
Affiliate (any LVN/LPN or non-nurse healthcare professional) \$69.00/per yr
Emeritus (55 years or older and past member for 5 years or more) Date of Birth _____ \$46.00/per yr
Student (any non-licensed student enrolled in an accredited nursing program) \$46.00/per yr
Retired/Disabled (ceased active practice due to permanent retirement or disability) \$46.00/per yr
International Membership (non-U.S. licensed RN) \$92.00/per yr

Payment Method:

_____ Enclosed is a check _____ Please bill my: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Billing Address (if different from above) _____

Signature: _____

Mail completed form along w/check or credit card info to:

AACN • 101 Columbia • Aliso Viejo, CA 92656 • T: (800) 899-2226 • F: (949) 362-2020

Annual membership dues includes non-refundable payment for one year subscription to *Critical Care Nurse* (\$12.00) & *American Journal of Critical Care* (\$15.00)