

## AACN BULK MEMBERSHIP VOUCHER ORDER FORM

- Bulk membership vouchers may be purchased for NEW or RENEWING members and once activated they are valid for one-year membership.
- A minimum order of 5 membership vouchers must be purchased at the same time in order to receive the discount for the Active/Affiliate members.
- Full check or credit card payment must accompany this completed form in order to receive the discount.
- Membership vouchers will be mailed to the individual placing the order at the address indicated below. These vouchers should be distributed to the recipients so they may activate their memberships via phone, fax, or mail.
- This form may also be used as a Cover Sheet for any completed AACN membership application. Simply disregard the "Ship Vouchers To" area if not requesting that vouchers be sent to you.

MEMBERSHIP TYPE	PRICE	COST CALCULATION
<b>Active</b> Membership (any U.S. licensed RN) <b>Affiliate</b> Membership (Any LVN/LPN, or non-nurse professional)	\$69 per year  <i>Discounted from regular price of \$78</i>	\$69 X ____ memberships  = \$_____
<b>TOTAL COST OF BULK MEMBERSHIP VOUCHERS ORDERED</b> (All prices are based on U.S. Dollars)		= \$_____

### Ship Vouchers to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Issued to: \_\_\_\_\_  
 (Chapter, Hospital, or Individual to be named on voucher)

### Credit Card Billing Address: (if different)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature: \_\_\_\_\_

☐ Visa   ☐ MasterCard   ☐ American Exp   ☐ Discover

CC# \_\_\_\_\_ Exp \_\_\_\_\_ CV2 \_\_\_\_\_

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