

Instructions

1. These applications may be used for one-year memberships.
2. **A minimum of 5** applications must be submitted **at the same time** in order to receive the discount.
Emeritus and Student applications can be included to meet the 5. However, these rates are already discounted.
3. Each individual in the group must fill out an application and include full payment either by check or credit card.

Contact Info

New Member Renewing/Former Member - AACN Member Number: _____

First Name: _____ MI: _____ Last Name: _____ Male Female
 Nonbinary

Home Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Credentials: _____ RN License #: _____ State: _____ Exp: _____

Membership Type

Active (any U.S. licensed RN)	<input type="checkbox"/> \$69.00 per year
Affiliate (Any LVN/LPN, or non-nurse professional)	<input type="checkbox"/> \$69.00 per year
Emeritus (55 years or older and past member for 5 years or more) Date of Birth: ____/____/____	<input type="checkbox"/> \$59.00 per year
Non-RN-Licensed Student	<input type="checkbox"/> \$52.00 per year

Payment Method

Applications must be accompanied by payment.

Check enclosed, payable to AACN

Charge \$_____ to credit card

Name on card: _____

Please bill my: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address (if different from above): _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Signature: _____