

AACN GROUP DISCOUNT MEMBERSHIP APPLICATION

Instructions

1. These applications may be used for NEW or RENEWING members and are valid for one year.
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 Member - AACN Member Number _____
 Last Name _____ First Name _____ MI _____ Male Female
 Home Address _____ Apt/Unit # _____
 City _____ State _____ Zip _____
 Phone _____ Email Address _____
 Employer Name _____
 Employer Address _____
 City _____ State _____ Zip _____
 Credentials _____ RN License # _____ State _____ Exp _____

| MEMBERSHIP TYPE | PRICE |
|--|---|
| 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) _____
 City _____ State _____ Zip _____
 Signature: _____

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Annual membership fees and included one-year subscriptions to Critical Care Nurse (\$12) and American Journal of Critical Care (\$15) are non refundable.