

# 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 for the Active/Affiliate members to receive the discount. (Emeritus/Students already receive a discounted rate).
- 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 \_\_\_\_\_

## 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 \_\_\_\_\_

☐ \$59.00/per yr

Non-RN-Licensed Student

☐ \$52.00/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)