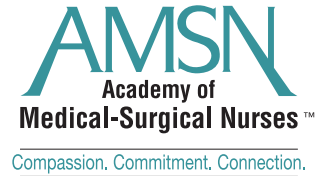


Membership Application



First Name: _____ Last Name: _____

Credentials: _____

E-mail address: _____

Mandatory e-mail address to access the AMSUN Web site and to receive valuable notifications from AMSUN. AMSUN will not share your e-mail address with an outside source.

Please check preferred mailing address.

Employer: _____

Work Address: _____

City: _____

State: _____ Zip: _____

Work Phone: (_____) _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (_____) _____

Preferred Daytime Phone: Home Work

Membership Fee

Dues and contributions may qualify as a business expense, but are not deductible as a charitable contribution. \$26 of the membership dues is applied to a 1-year subscription to *MEDSURG Nursing Journal*. Membership Fee is non-refundable/non-transferable.

AMSUN tax ID# 22-3141758

Full Name of AMSUN member who referred you to AMSUN:

*Free Virtual Student Memberships do not apply.

Join for 2 years save \$10. Join for 3 years save \$25!

Categories	1 Year	2 Years	3 Years
Circle appropriate category			
Full Member – Registered Nurses	\$85	\$160	\$230
Senior - Full – RNs age 60 and over (Enclose proof of age).	\$75	\$142	\$203
Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).	\$85	\$160	\$230
Senior - Associate – Associate member age 60 and over (Enclose proof of age).	\$75	\$142	\$203
New Graduate – Full RNs in the first year of professional practice	\$70	—	—
New Graduate – Associate Associate member in the first year of professional practice	\$70	—	—
Virtual Student Membership (Enclose proof of enrollment).	\$0	—	—

Donation amount to AMSUN Scholarship and Grant Program: _____

Check enclosed made payable in U.S. funds to: AMSUN

Charge my:



Name of card holder (please print) _____

Billing address if different from above mailing address _____

Credit Card # _____ / _____ / _____ / _____

Expiration Date _____ Security Code* _____

* Last 3 digits, signature strip, back of credit card.
American Express - Front 4 digits.

Signature _____

Data Questions (Please complete ALL information)

Check one answer for each question that is available. **Please do not fill in your own choices, use what is shown.**

- | | | | | |
|---|---|--|---|---|
| <p>1. Professional status</p> <p><input type="checkbox"/> RN
<input type="checkbox"/> LPN/LVN
<input type="checkbox"/> Other</p> <p>2. Years experience as RN</p> <p><input type="checkbox"/> Less than 2
<input type="checkbox"/> 2-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26 or more</p> | <p>3. Years as med-surg nurse</p> <p><input type="checkbox"/> Less than 2
<input type="checkbox"/> 2-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25
<input type="checkbox"/> 26 or more</p> <p>4. Primary practice</p> <p><input type="checkbox"/> Inpatient Acute
<input type="checkbox"/> Inpatient Critical Care
<input type="checkbox"/> Inpatient Long-Term Care
<input type="checkbox"/> Ambulatory Care Services
<input type="checkbox"/> School of Nursing
<input type="checkbox"/> Other</p> | <p>5. Position</p> <p><input type="checkbox"/> Clinical Nurse
<input type="checkbox"/> Clinical Nurse Specialist
<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Educator/Faculty
<input type="checkbox"/> Researcher
<input type="checkbox"/> Unit Manager/Head Nurse
<input type="checkbox"/> Administrator/Director
<input type="checkbox"/> Student
<input type="checkbox"/> Other</p> | <p>6. Highest level of education completed</p> <p><input type="checkbox"/> Diploma-nursing
<input type="checkbox"/> Associate degree-nursing
<input type="checkbox"/> Bachelor's degree-nursing
<input type="checkbox"/> Bachelor's degree-other
<input type="checkbox"/> Master's degree-nursing
<input type="checkbox"/> Master's degree-other
<input type="checkbox"/> Doctoral degree-nursing
<input type="checkbox"/> Doctoral degree-other</p> | <p>7. Your sex</p> <p><input type="checkbox"/> Male
<input type="checkbox"/> Female</p> <p>8. Are you med-surg certified?</p> <p><input type="checkbox"/> Yes CMSRN
<input type="checkbox"/> Yes BC
<input type="checkbox"/> No</p> <p>9. What is your birth month and year?</p> <p>____ / _____</p> |
|---|---|--|---|---|

**You can also join AMSUN online at amsn.org or
Fax to: AMSUN Membership 856-218-0557 or
Mail to: AMSUN Membership • East Holly Avenue/Box 56 • Pitman, NJ 08071-0056
Phone: 866-877-AMSUN (2676)**