

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 memberships.
- A minimum order of 5 membership vouchers must be purchased at the same time in order to receive the discount.
- 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	REGULAR PRICE	BULK PRICE	COST CALCULATION
Active Memberships (any U.S. licensed RN) Affiliate Memberships (Any LVN/LPN, or non-nurse professional)	\$78	\$69 per year	$\$69 \times \underline{\hspace{1cm}}$ memberships = \$ <u> </u>
Student Memberships (any non-licensed student enrolled in an accredited nursing program) Emeritus Memberships (55 years or older and past AACN member for 5 years or more) Retired/Disabled Memberships Any member who has ceased their active practice in nursing by reason of permanent retirement or permanent disability	\$52 per year	\$46 per year	$\$46 \times \underline{\hspace{1cm}}$ memberships = \$ <u> </u>
International Memberships (Any non U.S. licensed RN)	\$104 per year	\$92 per year	$\$92 \times \underline{\hspace{1cm}}$ memberships = \$ <u> </u>
TOTAL COST OF BULK MEMBERSHIP VOUCHERS ORDERED (All prices are based on U.S. Dollars)			= \$ <u> </u>

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 _____

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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)