

Membership Application Form

Please print legibly. Information is retained for your permanent record.

1. New member. Renewing member. Membership #: _____

first name _____ middle initial _____ last name _____

title _____ credentials (e.g. RN, CNOR-max 15 characters) _____

RN license # _____ state _____

workplace _____

workplace address _____

city _____ state _____ postal/ZIP code + 4 _____

province _____ country _____

() ()
work phone _____ extension _____ fax _____

preferred e-mail address (required - this will be your login name) _____

home mailing address _____ apt. # _____

city _____ state _____ postal/ZIP code + 4 _____

province _____ country _____

()
home phone _____

Membership Category (see back for descriptions)

Standard member (RN)

- Lifetime - \$1000 - **BEST DEAL!**
- 3-Year - \$337 - 10% savings
- 2-Year - \$237 - 5% savings
- 1-Year - \$125

Associate member (Non-RN)

- 1-Year - \$125

Chapter Membership

- Please assign me to the nearest chapter based on my home zip code.
- Please assign me to Chapter # _____
- Extra Chapter(s) \$20 Chapter # _____

Did a member refer you?

Enter their ID # for Recruitment Rewards credit. _____

2. Job Position (check only ONE box)

- Nurse Mgr/Supervisor/Coord/Team Ldr/Bus Mgr
- Director/VP/Asst Director Nursing
- Educator/Staff Development
- Staff Nurse
- Private Scrub Nurse
- RN First Assistant
- Researcher
- Clinical Nurse Specialist
- Hospital/Facility Administrator
- Nurse Practitioner

- Consultant
- Student Nurse
- Retired
- Inactive in nursing
- Full Time Faculty School of Nursing
- Surgical Technologist

Healthcare Industry Product/Svc. Vendors

- Sales
- Events/Exhibits
- Marketing/Comm.
- Executive/VP

3. Birth Date _____ / _____ / _____

4. Gender 1. Male 2. Female

5. Practice Areas (check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1. Anesthesia | <input type="checkbox"/> 22. Management |
| <input type="checkbox"/> 2. Ambulatory (Free Standing) | <input type="checkbox"/> 23. Materials Management |
| <input type="checkbox"/> 3. Ambulatory (In-hospital) | <input type="checkbox"/> 24. Multicultural Practice |
| <input type="checkbox"/> 4. Ambulatory (Office Based) | <input type="checkbox"/> 25. Neurosurgery |
| <input type="checkbox"/> 5. Cardiac Cath Lab | <input type="checkbox"/> 26. Oncology |
| <input type="checkbox"/> 6. Cardiothoracic | <input type="checkbox"/> 27. Ophthalmology |
| <input type="checkbox"/> 7. Case Manager | <input type="checkbox"/> 28. Orthopedic |
| <input type="checkbox"/> 8. Central Processing | <input type="checkbox"/> 29. Otorhinolaryngology (ENT) |
| <input type="checkbox"/> 9. Central Supply | <input type="checkbox"/> 30. PACU |
| <input type="checkbox"/> 10. Computer/Informatics | <input type="checkbox"/> 31. Pediatric |
| <input type="checkbox"/> 11. Critical Care (ICU/CCU) | <input type="checkbox"/> 32. Plastic/Reconstructive |
| <input type="checkbox"/> 12. Emergency Department | <input type="checkbox"/> 33. Podiatry |
| <input type="checkbox"/> 13. Endoscopy | <input type="checkbox"/> 34. Pre Admission |
| <input type="checkbox"/> 14. General Surgery | <input type="checkbox"/> 35. Purchasing |
| <input type="checkbox"/> 15. Geriatrics | <input type="checkbox"/> 36. RNFA - Facility-Employed |
| <input type="checkbox"/> 16. Gynecology | <input type="checkbox"/> 37. RNFA - Physician-Employed |
| <input type="checkbox"/> 17. Home Health Care | <input type="checkbox"/> 38. RNFA - Self-Employed |
| <input type="checkbox"/> 18. Infection Control | <input type="checkbox"/> 39. Sales |
| <input type="checkbox"/> 19. Integrated Health Practices | <input type="checkbox"/> 40. Surgical Obstetrics |
| <input type="checkbox"/> 20. Interventional Radiology | <input type="checkbox"/> 41. Trauma |
| <input type="checkbox"/> 21. Laser | <input type="checkbox"/> 42. Urology |
| | <input type="checkbox"/> 42. Vascular |

6. Highest Degree Held

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Diploma in Nsg | <input type="checkbox"/> 5. MSN | <input type="checkbox"/> 8. PhD/EdD |
| <input type="checkbox"/> 2. ADN | <input type="checkbox"/> 6. MS/MA in other field | <input type="checkbox"/> 9. Other |
| <input type="checkbox"/> 3. BSN | <input type="checkbox"/> 7. Doctorate Nsg Program | <input type="checkbox"/> 10. Graduate Program |
| <input type="checkbox"/> 4. BS or BA in other field | | |

7. Specialty Assembly

(Unlimited SAs included with your membership dues.)

- | | |
|--|--|
| <input type="checkbox"/> Abdominal / Pelvic / MIS | <input type="checkbox"/> Multi-Cultural Nursing |
| <input type="checkbox"/> Advanced Practice Nursing | <input type="checkbox"/> Neurosurgery, Orthopedics and Trauma |
| <input type="checkbox"/> Ambulatory Surgery | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Business, Industry & Consulting | <input type="checkbox"/> Perioperative Nursing Informatics |
| <input type="checkbox"/> Cardio Vascular Thoracic | <input type="checkbox"/> Retired Nurses |
| <input type="checkbox"/> Clinical Nurse Educator | <input type="checkbox"/> RN First Assistant |
| <input type="checkbox"/> Federal Nurses | <input type="checkbox"/> Sterile Processing/Materials Management |
| <input type="checkbox"/> Integrated Health Practices | |
| <input type="checkbox"/> Leadership | |

8. Member Dues

Membership\$ _____
Additional Chapter (\$20)\$ _____
International Mailing Fee (\$20)*\$ _____
Foundation Contribution \$10 \$25 \$50 Other\$ _____
Total.....\$ _____

*Foreign Mailing Fee: If you live outside of the US or don't use a ZIP code, please add a \$20 Foreign Mailing Fee. Annual dues for (basic) membership in AORN for the year 2014 are \$125.00; \$9.40 of this total is for a one-year subscription to the *AORN Journal*.

9. Payment Information

- Full Payment
 - Full Payment with Automatic Renewal (1-year terms only)*
- *I authorize AORN to charge my credit/debit card account now and in time to renew my membership, without interruption, before the start of each new term at the membership rate then in effect. I may cancel or change this option at any time. If my credit/debit card account cannot be charged, AORN may contact me directly.
- Payment Plan (3 consecutive monthly payments)**
- **Processing fee of \$4.00 per installment - \$12.00 total charge.
- CHECK. Please make payable to AORN, Inc.
 - CREDIT CARD MasterCard Visa Discover AmericanExpress

Card # _____

Exp. Date _____ CCV _____

Signature _____



Experience the Benefits of Membership

Knowledge • People • Career • Patient Safety

You make the difference in the lives of your patients, and you deserve an association whose goal is to ensure you have the latest resources and support you need to excel.

When you join AORN you are more than a member, you are part of a community working together and moving forward as one. AORN exists to support your professional and personal growth, so you can thrive in the rapidly changing healthcare environment. To learn more about what your AORN membership will do for you, visit aorn.org/Membership and select “Benefits of Membership.”

Membership Dues

AORN annual membership dues include membership in national AORN, one chapter, and unlimited specialty assemblies (special interest groups).

Membership Categories

Standard Members are registered professional nurses (RNs) who support the mission of AORN.

Associate Members are individuals who are not a registered nurse, who provide or provided direct or indirect perioperative services, and who support the mission of AORN. Associate members may not hold office or vote in the House of Delegates.

Student Members are individuals pursuing education leading to eligibility to sit for the registered nurse licensing exam. Student members may not hold office or vote in the House of Delegates.

Retired Members are registered professional nurses who are retired from the health care industry and who support the mission of AORN.

AORN/APSNA Package supports individuals interested in obtaining pediatric resources from AORN and the American Pediatric Surgical Nurses Association (APSNA). AORN and APSNA have partnered to offer benefits with both organizations. The APSNA joint membership option does not include membership in your local chapter, so you will be designated as a Member-at-Large. As a Member-at-Large you are still eligible to vote in elections and register as a delegate. Package requires that you select the Pediatric Specialty Assembly.

AORN Chapters

AORN members may select a local chapter, as a benefit of membership. If you do not live within close proximity to a local chapter but would like to receive all the benefits of chapter membership, consider joining AORN's virtual e-Chapter with access to online meetings and resources. Members who do not select a chapter will be designated as members-at-large. Membership includes one chapter; members may belong to an additional chapter for \$20.

AORN Foundation

The AORN Foundation is a charitable organization created to fund programs that support education, nursing leadership, innovations in surgical nursing, and research. Donations are tax deductible.

Non U.S. members must remit bank draft in U.S. dollars drawn from bank with U.S. affiliation. Money paid to national AORN for products, services, and dues is not deductible for federal income tax purposes as a charitable contribution, but it may be deductible as a business expense. Donations to AORN are not deductible. Donations to the AORN Foundation are deductible for federal tax purposes as charitable contributions. Under the Omnibus Budget Reconciliation Act of 1993, that portion of your membership dues used by AORN for lobbying expenses is not deductible as an ordinary and necessary business expense. AORN reasonably estimates that the nondeductible portion of the national membership dues for the 2014 tax year is fifteen dollars and thirty-nine cents (\$15.39).

Complete the membership application on the reverse side or join online at aorn.org

Questions? Call (800) 755-2676, or (303) 755-6304

Mail Form To AORN Customer Service

2170 South Parker Road, Suite 400 Denver, CO 80231-5711

Call (800) 755-2676 • (303) 755-6300 • **Fax** (303) 750-3212

