

REGISTERED NURSE

STANDARD MEMBER

Perioperative nurses looking for career advancement, networking opportunities, and improving patient safety.

- \$170 (1-year)
- \$306 (2-year) - 10% savings
- \$408 (3-year) - 20% savings
- \$1,600 (Lifetime) - Best deal

RETIRED MEMBER - \$40 per year

Retired from the health care industry and wants to stay connected to the perioperative community and the latest news and trends.

NEW TO PROFESSION MEMBER - \$99 per year

Only valid for RNs with 2 years or less perioperative nursing experience. Please provide your perioperative nursing start date _____.

LEADER MEMBER

Actively practicing and seeking content and resources for nurse leadership positions.

- \$225 (1-year)
- \$405 (2-year) - 10% savings
- \$540 (3-year) - 20% savings
- \$2,250 (Lifetime Leader Member) - Best deal

AORN/APSNA MEMBER

Interested in obtaining pediatric resources from AORN and the American Pediatric Surgical Nurses Association (APSNA). Does not include Preferred or Local Chapter. Additional \$20 for each Chapter.

- \$235 (1-year)
- \$290 (1-year with Leader Member benefits)

NON-REGISTERED NURSE

ASSOCIATE MEMBER - \$170 per year

Industry professional who provides direct or indirect perioperative services.

STUDENT MEMBER - \$20 per year

Pursuing education leading to eligibility to sit for the registered nurse licensing exam.

To learn more about AORN membership or join online, visit www.aorn.org/join.

All membership categories include unlimited Specialty Assemblies and one free Chapter membership, except where notated. Only Registered Nurse categories may hold office and vote in the House of Delegates.

PERSONAL INFORMATION

First Name: _____ **MI:** _____ **Last Name:** _____ **Credentials:** _____

Title: _____ **Workplace:** _____

Mailing Address: Home: Work: _____

City: _____ **State/Province:** _____ **Postal/Zip Code:** _____

Telephone: _____ **Email:** _____

RN License # and State: _____

Birth Date: _____ **Highest Degree:** ADN BSN BS or BA - other field Diploma - Nursing Doctorate - Nursing

Gender: _____ Graduate Program MSN MS/MA - other field PhD/EdD Other

Member ID (not required): _____

PERIOPERATIVE COMMUNITY

CHAPTER MEMBERSHIP

Chapters connect you with AORN on a local level through regular meetings that provide networking, continuing education opportunities, and support. Choose a preferred Chapter to belong to (including AORN's virtual e-Chapter with access to online meetings and resources) or be assigned to a Chapter based on your home zip code. Membership includes one FREE Chapter. You may belong to additional Chapters for \$20 each.

Preferred Chapter (Free) _____ Assign me to a Chapter. Home zip code _____ Additional Chapter (\$20 each) _____

SPECIALTY ASSEMBLY

Specialty Assemblies explore patient care issues, address current trends, and promote specialized education programming. Membership includes unlimited Specialty Assemblies.

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Advanced Practice Nursing | <input type="checkbox"/> Leadership | <input type="checkbox"/> Perioperative Nursing Informatics | <input type="checkbox"/> RN First Assistant |
| <input type="checkbox"/> Ambulatory Surgery | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Retired Nurses | <input type="checkbox"/> Sterile Processing/
Materials Management |
| <input type="checkbox"/> Clinical Nurse Educator | | | |

JOB POSITION (check one)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Materials Management | <input type="checkbox"/> Retired | HEALTHCARE INDUSTRY |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Nurse Informaticist | <input type="checkbox"/> RN First Assistant | <input type="checkbox"/> Events/Exhibits |
| <input type="checkbox"/> Director/Vice President/
Assistant Director Nursing | <input type="checkbox"/> Nurse Manager/Supervisor/
Coordinator/Team Leader/
Business Manager | <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> Executive/Vice
President |
| <input type="checkbox"/> Educator/Staff Development | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Student Advanced Nursing | <input type="checkbox"/> Marketing/
Communications |
| <input type="checkbox"/> Full-time Faculty School
of Nursing | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Student Nurse | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Hospital/Facility Administrator | <input type="checkbox"/> Physician | <input type="checkbox"/> Surgical Technologist | |
| <input type="checkbox"/> Inactive in Nursing | <input type="checkbox"/> Private Scrub Nurse | <input type="checkbox"/> Team Member | |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Researcher | <input type="checkbox"/> Territory Manager | |

PRACTICE AREAS (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Ambulatory (Free-standing) | <input type="checkbox"/> Doctorate in Nursing Practice | <input type="checkbox"/> Materials Management | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Ambulatory (In-hospital) | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Multicultural Practice | <input type="checkbox"/> RNFA - Facility-employed |
| <input type="checkbox"/> Ambulatory (Office-based) | <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> RNFA - Physician-
employed |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> RNFA - Self-employed |
| <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Oncology | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Cardiothoracic | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgical Obstetrics |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Central Processing | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Central Supply | <input type="checkbox"/> Informatics | <input type="checkbox"/> PACU | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Clinical Nurse Leader | <input type="checkbox"/> Integrated Health Practices | <input type="checkbox"/> Pediatrics | |
| <input type="checkbox"/> Computer/Information
Systems | <input type="checkbox"/> Invasive Radiology | <input type="checkbox"/> Plastic/Reconstructive | |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Laser | <input type="checkbox"/> Podiatry | |
| | <input type="checkbox"/> Management | <input type="checkbox"/> Pre-admission | |

MEMBERSHIP AND PAYMENT INFORMATION

MEMBER DUES

Membership (Includes one free Chapter unless otherwise specified) \$ _____
Additional Chapter (\$20 each) \$ _____
International Mailing Fee (\$20 each year)* \$ _____
Contribution to AORN Foundation⁺ \$ _____
TOTAL \$ _____

Please do not email the section below containing credit card data. Email sent with credit card numbers are not secure and will be automatically blocked. Please only mail or fax application to:

AORN
Attn: Orders
2170 South Parker Road, Suite 400
Denver, CO 80231-5711
Secured fax (844) 241-4050

**Questions? Contact
Experience Services**
US Phone: 1-800-755-2676
International Phone: 1-303-755-6300

PAYMENT DETAILS

CHECK. Please make payable to AORN, Inc. MasterCard Visa Discover American Express

Card Holder Name _____

Card # _____ Exp. Date _____ CCV _____

Signature _____

**International Mail Fee applies to members who live outside of the U.S. territories.

+AORN Foundation is a charitable organization that funds programs that support education, nursing leadership, innovations in surgical nursing, and research.

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 non-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 2020 tax year is 10.55% of annual dues, or seventeen dollars and ninety-four cents (\$17.94) per annual membership. AORN membership dues are nonrefundable and non-transferable. You may also renew by secure fax to 844-241-4050.