

AORN GROUP MEMBERSHIP

Facility Program Application



IMPORTANT PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING GROUP MEMBERSHIP APPLICATION

To ensure timely processing of your application, please ensure information is complete, accurate, and legible (if hand-written). Once submitted, it typically takes 72 hours to process your application.

Once the Application is filled out, review the checklist below to confirm your membership application is complete.

CHECKLIST

APPLICATION AND ROSTER

1) Complete FACILITY CONTACT INFORMATION section, including:

- a. Administrator information (Name, title, phone number, and email address)
- b. Facility information (Name and address)
- c. Facility External IP address for Access to the AORN Facility Reference Center (if applicable)

2) Complete MEMBERSHIP SELECTION AND PRICING section, including:

- a. Number of Members in Package
- b. Confirm Total Payment Due

4) Complete MEMBERSHIP ROSTER section, including:

- a. Enter membership roster, ensuring up-to-date and accurate information (full name, credentials, title, email, home address, RN license, Chapter)
- b. If a different Chapter membership is requested (other than local based on home zip code), please specify on Membership Roster

PAYMENT INFORMATION

1) Complete PAYMENT section, including:

- a. Indicate method of payment (secure phone, fax, or mail)
- b. Sign/type your name and date
- c. The FACILITY CONTACT INFORMATION will auto-populate from the Application and Roster
- d. Indicate form of payment (Credit Card or Check)
- e. Credit Card: Enter card type, card number, expiration date, name on card, and CVV (if applicable)

COMPLETED APPLICATION

1) Submit roster and payment (For secure processing, Group Membership applications are accepted by secured phone, fax, or mail)
****If printing Application, please ensure the Credit Card Payment Information tab is on a separate piece of paper****

- a. By phone: Email your completed form to orders@aorn.org and call Customer Service at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 5.

OR

- b. By secure fax (preferred method): Fax completed (including credit card information) Application and Roster to: 1-844-241-4050

OR

- c. By mail: Print Application and Roster and mail with invoice and check payable to AORN (or credit card information) to:

Attn: Orders
2170 South Parker Road, Ste 400
Denver, CO 80231

If you have any questions or need additional information, please call Experience Services: 1-800-755-2676

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FACILITY CONTACT INFORMATION

Administrator Contact Name: _____ Administrator Title: _____

Administrator Phone Number: _____ Administrator Email: _____

Facility Name: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Facility External IP Address for AORN Facility Reference Center Access: _____

Please contact your IT department for assistance identifying IP address or range.

The following IP address ranges are not valid for AORN Facility Reference Center:

10.0.0.0 – 10.255.255.255 | 172.16.0.0 – 172.31.255.255 | 192.168.0.0 – 192.168.255.255

MEMBERSHIP SELECTION AND PRICING

50+ Nurses = \$140/Member

20–49 Nurses = \$145/Member

6–9 Nurses = \$150/Member

Number of Members in Package

50+ members contact periopsolutions@aorn.org or call 1-800-755-2676

Total Payment Due

MEMBERSHIP ROSTER

Facility/Company Name:

No.	First Name	Last Name	Credentials	Title	Email	Home Address	City	State	Zip	RN License Y/N	Chapter Preference
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
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18											
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24											
25											

Members will be able to select Specialty Assembly interest area(s) once they become a member.

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PAYMENT INFORMATION

FACILITY INFORMATION:

Facility Name: _____

Facility Contact: _____

METHODS OF PAYMENT

Option 1

Pay by Phone - Email your completed form to orders@aorn.org and call Customer Service at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 5.

Option 2

Pay by Fax - Complete the credit card payment form on the next page and fax the complete form to 1-844-241-4050

Option 3

Pay by Mail - Send check or complete the credit card payment form on the next page and mail complete form to 2170 South Parker Road, Suite 400, Attn: Orders

ORDER PROCESS

1. Complete application and submit with payment to AORN (a purchase order is not considered payment).
2. All orders will be completed and agreements activated once both the form and payment have been received.
3. Administrator(s)/contact will receive the registration email.

By signing or typing my name below, I agree to the [AORN Terms and Conditions](#) for this purchase and any future purchases. If the product purchased is for use by my facility, I am authorized by my facility to bind my facility to the terms of this agreement.

Type or sign here: _____

Date: _____

QUESTIONS?

Contact Experience Services

US Phone: 1-800-755-2676

International Phone: 1-303-755-6300

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PAYMENT INFORMATION

PLEASE DO NOT EMAIL THIS SECTION BELOW CONTAINING CREDIT CARD DATA. Email sent with credit card numbers are not secure and will be automatically blocked. Only complete this section if you are sending via secure fax (Option 2) or by mail (Option 3).

FACILITY INFORMATION:

Facility Name: _____

Facility Contact: _____

FORM OF PAYMENT:

Credit Card Check

CREDIT CARD INFORMATION:

Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Credit Card Holder Name: _____

Signature: _____

Purchasing Agent Name (if different from credit card holder): _____ Phone: _____

Total Amount Paid \$: _____

MAIL OR FAX ORDER FORM:

Attn: Orders
2170 S Parker Rd, Suite 400
Denver, CO 80231-5711
Secure Fax: 1-844-241-4050

QUESTIONS?

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

FOR OFFICE USE ONLY

Version: 00676 1217

Individual Name:

Account #: