

REGISTERED NURSE

☐ **STANDARD MEMBER**

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

- ☐ \$125 (1-year)
- ☐ \$225 (2-year) - 10% savings
- ☐ \$300 (3-year) - 20% savings
- ☐ \$1,200 (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 - \$50 1st year**
 \$99 2nd & 3rd years

Only valid for RNs with 3 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)

Must provide RN License for this membership under Personal Information section.

2-MONTH TRIAL AND MONTHLY MEMBERSHIP OPTIONS ARE AVAILABLE ONLINE.

NON-REGISTERED NURSE

☐ **ASSOCIATE MEMBER - \$125 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/Position: _____ **Company:** _____

Mailing Address: _____

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

Phone: _____ **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"/> Ambulatory Surgery | <input type="checkbox"/> Integrated Health Practices | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Retired Nurses | <input type="checkbox"/> Sterile Processing/ Materials Management |
| <input type="checkbox"/> Clinical Nurse Educator | <input type="checkbox"/> Leadership | <input type="checkbox"/> Perioperative Nursing Informatics | <input type="checkbox"/> Nurse Scientists | |
| | | <input type="checkbox"/> RN First Assistant | | |

TITLE/POSITION (check one)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Academic Faculty/Researcher | <input type="checkbox"/> Director Surgical Services/Nursing | <input type="checkbox"/> Materials Management | <input type="checkbox"/> Perioperative Team Member |
| <input type="checkbox"/> Advanced Practice Registered Nurse (CNS, NP, CRNA) | <input type="checkbox"/> DMD/DDS | <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Business Manager | <input type="checkbox"/> Educator/Staff Development | <input type="checkbox"/> Medical Coder | <input type="checkbox"/> Retired/Inactive in Nursing |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Nurse Informaticist | <input type="checkbox"/> RN First Assistant (RNFA) |
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Healthcare Industry Representative | <input type="checkbox"/> Nurse Manager/Supervisor | <input type="checkbox"/> Staff RN |
| <input type="checkbox"/> Charge Nurse/Coordinator /Team Leader | <input type="checkbox"/> Licensed Practical/Vocational Nurse (LPN/LVN) | <input type="checkbox"/> Nursing Executive (CNO/VP) | <input type="checkbox"/> Sterile Processing Technician |
| <input type="checkbox"/> Consultant | | <input type="checkbox"/> Nursing Student | <input type="checkbox"/> Surgical Technologist |
| | | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Other |

SPECIALTY 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"/> Pre-admission |
| <input type="checkbox"/> Ambulatory (In-hospital) | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Medical Surgical | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Ambulatory (Office-based) | <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Maternal Newborn | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Multicultural Practice | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiothoracic | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> RNFA - Facility-employed |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Hematology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> RNFA - Physicianemployed |
| <input type="checkbox"/> Central Processing | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> RNFA - Self-employed |
| <input type="checkbox"/> Central Supply | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Clinical Nurse Leader | <input type="checkbox"/> Infection Control | <input type="checkbox"/> PACU | <input type="checkbox"/> Surgical Obstetrics |
| <input type="checkbox"/> Colon & Rectal Surgery | <input type="checkbox"/> Informatics | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Computer/Information | <input type="checkbox"/> Integrated Health Practices | <input type="checkbox"/> Perioperative | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Systems | <input type="checkbox"/> Invasive Radiology | <input type="checkbox"/> Plastic/Reconstructive | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Laser | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Management | <input type="checkbox"/> Post Anesthesia Care | |

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 make check payable to: AORN, Inc.

Go paperless and pay online at <https://hub.aorn.org/MembershipManagement>.

Mail Payment and Application to:

AORN Membership
Dept #1380
PO Box 30106
Salt Lake City, UT 84130-0106

Questions? Contact

Experience Services

US Phone: 1-800-755-2676
International Phone: 1-303-755-6300

**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 nondeductible. 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 2024 tax year is 24.92% of annual dues, or thirty-one dollars and fifteen cents (\$31.15) per annual membership. AORN membership dues are nonrefundable and non-transferable. You may also renew by secure fax to 844-241-4050.