

AAMN Membership Application



Personal Information

New application Transfer of category Reinstatement

Name: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work or Cell Phone Number: _____

Professional Information

Credentials: _____

Employer (if student, show your school): _____

Address: _____ City: _____ State: _____ Zip: _____

Education: First nursing degree: _____ Highest nursing degree: _____

Clinical Specialization: _____ Licensure: LPN RN APRN

AAMN Dues: Select Category

- Student (for students earning first degree in nursing) \$25.00
- Transition (for nurses in their first year since completing degree) \$35.00
- LPN / LVN \$40.00
- Full membership (for registered nurse) \$80.00
- Corporate membership (for healthcare institutions) \$350.00

- International Membership *
- Level I Nation \$10.00
 - Level II Nation \$20.00
 - Level III Nation \$30.00

* Please refer to World Bank Listing of nations link

The AAMN dues cycle is based on the calendar year. If you join after January of you will receive a credit on your next year dues invoice. Example if you join in March 2008 your 2009 dues invoice will show a two month credit.

All dues are due by March 1st. Members who do not pay dues by March 1st will be dropped from membership.

Donations (optional)

Patron Donations to AAMN Foundation

- Cherub \$100.00
- Patron \$200.00
- Angel \$300.00
- Archangel (Payable at \$250.00 per year for 2 years) \$500.00
- Saint (Payable at \$200.00 per year for 5 years) \$1,000.00

Additional donation for the Lee Cohen Educational Fund \$ _____

Method of Payment

Check or Money Order enclosed. Amount: \$ _____

Please charge: MasterCard VISA

Cardholder name: _____

Card number: _____ Expiration Date: _____ Authorized amount: \$ _____

Cardholder signature: _____

Please Mail to

AAMN: Attention: Byron McCain
PO Box 130220
Birmingham, AL 35213

Contact Information

Byron McCain, AAMN Executive Director
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