

AAMN Membership Application

Name _____

Phone Number (with area Code) _____

E-Mail Address _____

Address Street or P.O. Box _____

City _____ State _____ Zip Code _____

Country _____

AAMN Dues: (circle appropriate 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 \$80.00

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

Donations (optional)

Additional donation for the Lee Cohen Educational Fund _____

Additional donation for the AAMN Legal Fund _____

Patron Donations to AAMN _____

Cherub \$100.00 _____

Patron \$200.00 _____

Angel \$300.00 _____

Archangel \$500.00 (Payable at \$250.00 per year for 2 years) _____

Saint \$1000.00 (Payable at \$200.00 per year for 5 years) _____

Total Pay by check or Money order to AAMN \$_____

To Pay by Visa or Mastercard Fill out the Following

MasterCard Number _____

Visa Card Number _____

Expiration Date _____

Signature _____

Total Amount Charged \$ _____

Please Mail To:

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

Contact Information

Byron McCain, AAMN Executive Director
Phone: 205-802-7551 or 205-322-6400
FAX: 205-802-7553 or 205-250-7252
Email: aamn@aamn.org
Web: <http://www.aamn.org>

**Biographical Data Form
American Assembly for Men in Nursing**

Personal Information

Name: _____

Mailing Address: _____

Telephone: (home): _____ (work): _____

Email Address: _____

Professional Information

Credentials: _____

Employment:

Job Title: _____

Employer: _____

Address: _____

Education:

First nursing degree: _____

Highest nursing degree: _____

Degree in other field: _____

Membership:

AAMN Member since: _____

Offices held: _____

Conferences attended: _____

Other activities: _____

Other Organizational Membership:

Offices Held in Other Organizations:

