



Society of Luther Christman Fellows Application Form

American Assembly for Men in Nursing

Last Name: _____ First: _____ Middle Initial: _____
Please print

Date: ____ / ____ / ____ E-mail address: _____

Credentials: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax Number: _____

Employer: _____

Position Title: _____

Member of AAMN? Yes No

Member of other Nursing Organizations? (Please specify) _____

Method of Payment: Check Master Card Visa

Induction fee is \$1,000

Amount of Payment: _____.

Induction of new fellows into the Society and presentation of the Luther Christman medallion occur annually in a ceremony at the AAMN Annual Conference.