



# MEMBERSHIP INFORMATION

CUSTOMER SERVICE • 2170 SOUTH PARKER ROAD, SUITE 300 • DENVER, COLORADO 80231-5711 • (800) 755-2676 • (303) 755-6304 • FAX: (303) 750-3212

RN LICENSE #:

STATE:

## MAIL INFORMATION

AORN MEMBERSHIP LAPSE DATE:

### EXHIBITOR MAIL/EXHIBITOR E-MAIL

- YES     NO  
 WORK    HOME

(All AORN related material goes to Mailing Address)

RN License #  
(REQUIRED)

State

Name	Business Name (Work)
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## CORRECTIONS AND NEW MEMBER INFORMATION ONLY

PLEASE PRINT LEGIBLY AS INFORMATION BELOW IS RETAINED FOR YOUR PERMANENT RECORD

FIRST NAME	MIDDLE INITIAL	LAST NAME
WORK PLACE		
WORK PLACE ADDRESS		
CITY	STATE	POSTAL/ZIP CODE + 4
PROVINCE	COUNTRY	
WORK PHONE	EXT	
(Area Code)		
*HOME PHONE		
(Area Code)		
FAX		
(Area Code)		
INTERNET E-MAIL ADDRESS		
MAILING ADDRESS		APT#
CITY	STATE	POSTAL/ZIP CODE + 4
PROVINCE	COUNTRY	

### POSITION (Check Only ONE Box)

<input type="checkbox"/> 1 Surgical Supervisor/Director/Coordinator	<input type="checkbox"/> 10 Hospital/Facility Administrator
<input type="checkbox"/> 2 Head Nurse/Nurse Manager	<input type="checkbox"/> 11 Case Manager
<input type="checkbox"/> 3 Educator/Staff Development	<input type="checkbox"/> 12 Nurse Practitioner
<input type="checkbox"/> 4 Staff Nurse	<input type="checkbox"/> 13 Consultant
<input type="checkbox"/> 5 Clinical Specialist	<input type="checkbox"/> 14 Team Leader
<input type="checkbox"/> 6 Private Scrub Nurse	<input type="checkbox"/> 15 Student Adv. Nursing
<input type="checkbox"/> 7 RN First Assistant	<input type="checkbox"/> 16 Student Nurse(non voting member)
<input type="checkbox"/> 8 Researcher	<input type="checkbox"/> 17 Retired
<input type="checkbox"/> 9 VP/Director/Asst. Dir. Nursing	<input type="checkbox"/> 18 Inactive in nursing

### HIGHEST DEGREE HELD (REQUIRED)

<input type="checkbox"/> 1 Diploma in Nsg.
<input type="checkbox"/> 2 ADN
<input type="checkbox"/> 3 BSN
<input type="checkbox"/> 4 BS/BA other field
<input type="checkbox"/> 5 MSN
<input type="checkbox"/> 6 MS/MA other field
<input type="checkbox"/> 7 Doctorate Nsg.
<input type="checkbox"/> 8 PhD/EdD
<input type="checkbox"/> 9 Other
<input type="checkbox"/> 10 Graduate Program

### PRACTICE AREA (Check ALL That Apply)

<input type="checkbox"/> 1 General Surgery	<input type="checkbox"/> 2 Gynecology	<input type="checkbox"/> 3 Ophthalmology
<input type="checkbox"/> 4 Otorhinolaryngology (ENT)	<input type="checkbox"/> 5 Orthopedic	<input type="checkbox"/> 6 Cardiothoracic
<input type="checkbox"/> 7 Vascular	<input type="checkbox"/> 8 Neurosurgery	<input type="checkbox"/> 9 Ambulatory (In-hospital)
<input type="checkbox"/> 10 Ambulatory (Free Standing)	<input type="checkbox"/> 11 Urology	<input type="checkbox"/> 12 Plastic/Reconstructive
<input type="checkbox"/> 13 Oncology	<input type="checkbox"/> 14 Podiatry	<input type="checkbox"/> 15 Academic Educator
<input type="checkbox"/> 16 Management	<input type="checkbox"/> 17 Laser	<input type="checkbox"/> 18 Central Processing
<input type="checkbox"/> 19 Materials Management	<input type="checkbox"/> 20 First Assistant	<input type="checkbox"/> 21 Computer/Informatics
<input type="checkbox"/> 22 Pediatric	<input type="checkbox"/> 23 Endoscopy	<input type="checkbox"/> 24 Pre Admission
<input type="checkbox"/> 25 Discharge Planner	<input type="checkbox"/> 26 PACU	<input type="checkbox"/> 27 Critical Care (ICU/CCU)
<input type="checkbox"/> 28 Emergency Department	<input type="checkbox"/> 29 Cardiac Cath Lab	<input type="checkbox"/> 30 Invasive Radiology
<input type="checkbox"/> 31 Home Health Care	<input type="checkbox"/> 32 Office Based Surgery	

\*AORN has developed affinity partnerships with companies that provide products or services that may be of interest to AORN members. AORN carefully screens all such partners and their marketing techniques and materials to ensure that these offerings are appropriate and in good taste. If you do not want us to provide your name and contact information for the purpose of receiving these marketing efforts, please indicate your desire below.

Please do not include my name and contact information on such lists provided to affinity partners.

SPECIALTY ASSEMBLY ANNUAL DUES	
<input type="checkbox"/> Advanced Tech	\$15.00
<input type="checkbox"/> Ambulatory Surgery	\$15.00
<input type="checkbox"/> Business, Industry & Consulting	\$15.00
<input type="checkbox"/> Cardiothoracic	\$15.00
<input type="checkbox"/> Educator/Clinical Specialist	\$15.00
<input type="checkbox"/> Informatics	\$15.00
<input type="checkbox"/> Leadership	\$15.00
<input type="checkbox"/> Neurosurgery	\$15.00
<input type="checkbox"/> Orthopedic	\$15.00
<input type="checkbox"/> Pediatrics	\$15.00
<input type="checkbox"/> RNFA	\$20.00
<input type="checkbox"/> Rural/Small Hospital	\$15.00

**Include name in Specialty Assembly Directory**  YES  NO

### BIRTH DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year  
(Confidential)

### GENDER

1 FEMALE  
 2 MALE

Chapter #:	Chapter Name:
<b>DUES</b>	
National U.S.	\$ _____
Chapter	\$ _____
Foreign Mailing Fee	\$ _____
Specialty Assembly(s)	\$ _____
SUBTOTAL	\$ _____
AORN Foundation Contribution	\$ _____
TOTAL	\$ _____

\* I wish to designate my tax deductible gift to the AORN Foundation \$ \_\_\_\_\_

1	2	3	4

**Check #:**

PLEASE RETURN THIS FORM WITH REMITTANCE TO AORN, ATTN: CUSTOMER SERVICE/MEMBERSHIP PLEASE MAKE CHECK PAYABLE TO AORN

ATTENTION:

VISA     MasterCard     AMEX     DISCOVER    EXP. DATE \_\_\_\_\_

Ambassador ID: 133284

CARD NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NON U.S. MEMBERS MUST REMIT BANK DRAFT IN U.S. DOLLARS DRAWN FROM BANK WITH U.S. AFFILIATE.

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 NOT DEDUCTIBLE.

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