



# AMERICAN ASSOCIATION OF NEUROSCIENCE NURSES

## *Application for Membership*

The AANN thanks you for choosing the Association as part of a new pathway in your career. AANN's membership represents nurses and other health care professionals employed in diverse areas of neuroscience patient care. Members work in clinic research, administrative, and educational settings. By providing opportunities to share experience and information across this broad spectrum, AANN stimulates growth and improves the quality of neuroscience nursing care in all related fields.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

If you are currently a member of a local chapter, what is the chapter's name?

\_\_\_\_\_

### **CATEGORY OF MEMBERSHIP** *Please check one*

\_\_\_\_\_ **ACTIVE** (\$98) *open to registered nurses*

\_\_\_\_\_ **ASSOCIATE** (\$73.50) *open to non RN professionals in the care of neuroscience patients*

\_\_\_\_\_ **STUDENT** (\$49) *open to full-time students eligible for the NCLEX exam*

### **SPECIAL FOCUS GROUPS** *Please check two*

Membership in AANN entitles you to join any two focus groups at no additional charge. Each group is responsible for developing its own methods of circulating information among its members and coordinating its meetings held in conjunction with AANN annual meetings and symposiums.

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Advanced Practice | <input type="checkbox"/> Managed Care       | <input type="checkbox"/> Neuro Trauma  | <input type="checkbox"/> Research |
| <input type="checkbox"/> Ambulatory Care   | <input type="checkbox"/> Movement Disorders | <input type="checkbox"/> Pain          | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Bio Ethics        | <input type="checkbox"/> NeuroMuscular      | <input type="checkbox"/> Pediatrics    |                                   |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Neuro-Oncology     | <input type="checkbox"/> Perioperative |                                   |

### **PAYMENT** *must accompany application*



ACCOUNT# \_\_\_\_\_ EXP DATE \_\_\_\_\_

**CHECK** *Payable to AANN*

**Thank you for your application to AANN!**

AANN  
4700 W. Lake Avenue  
Glenview, IL 60025  
847/375-4733 ~ 888/557-2266  
Fax 847/375-6333

*AANN dues are not deductible as charitable contributions or for tax purposes; however, they may be tax deductible as ordinary and necessary business expenses. AANN dues are renewed on an anniversary basis. You will receive your first renewal notice one year from the month/year that you joined the Association.*