Renewal Membership Application

First Name: ______________________ Last Name: ______________________ Credentials: __________

RN License # (optional) ____

E-mail address: ____

Mandatory e-mail address to access the AMSN Web site and to receive valuable notifications from AMSN.
AMSN will not share your e-mail address with an outside source.

Please check preferred mailing address.

☐ **Employer:** ______________________________

Work Address: ______________________________

City: ______________________________

State: ______________________ Zip: __________

Work Phone: (________) ______________________

☐ **Home Address:** ______________________________

City: ______________________________

State: ______________________ Zip: __________

Home Phone: (________) ______________________

Preferred Daytime Phone: ☐ Home ☐ Work

Join for 2 years save $8. Join for 3 years save $22!

Categories	1 Year	2 Years	3 Years
Circle appropriate category			
Full Member – Registered Nurses	$84	$160	$230
Senior - Full – RNs age 60 and over (Enclose proof of age).	$75	$142	$203
Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).	$84	$160	$230
Senior - Associate – Associate member age 60 and over (Enclose proof of age).	$75	$142	$203
Student Member – for initial RN License (Enclose proof of enrollment.)	$50	—	—
New Graduate – Full RNs in the first year of professional practice (Include RN License #).	$70	—	—
New Graduate – Associate Associate member in the first year of professional practice (Include RN License #).	$78	—	—
NSNA Student Member Enclose a copy of NSNA membership card.	$45	—	—

Donation amount to AMSN Scholarship and Grant Program: ______________

☐ Check enclosed made payable in U.S. funds to: AMSN

Charge my: ☐ DISCOVER ☐ VISA ☐ MasterCard ☐ American Express

Name of card holder (please print) ______________________________

Billing address if different from above mailing address ______________________________

____

Credit Card # ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expiration Date ______________________ Security Code* __________

* Last 3 digits, signature strip, back of credit card.
American Express - Front 4 digits.

Signature ____

Membership Fee

Dues and contributions may qualify as a business expense, but are not deductible as a charitable contribution. $26 of the membership dues is applied to a 1-year subscription to ***MEDSURG Nursing*** Journal. Membership Fee is non-refundable/non-transferable.

AMSN tax ID# 22-3141758

Data Questions (Please complete ALL information)

Check *one* answer for each question that is available. ***Please do not fill in your own choices, use what is shown.***

1. Professional Status:
- ☐ RN
- ☐ LPN/LVN
- ☐ Other

2. Years experience as RN:
- ☐ Less than 2
- ☐ 2-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more

3. Years as Med-Surg nurse:
- ☐ Less than 2
- ☐ 2-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more

4. Primary Practice
- ☐ Inpatient Acute
- ☐ Inpatient Critical Care
- ☐ Inpatient Long-Term Care
- ☐ Ambulatory Services
- ☐ School of Nursing
- ☐ Other

5. Position
- ☐ Staff Nurse
- ☐ Clinical Nurse Specialist
- ☐ Nurse Practitioner
- ☐ Educator/Faculty
- ☐ Researcher
- ☐ Unit Manager/Head Nurse
- ☐ Administrator/Director
- ☐ Student
- ☐ Other

6. Highest Level of Education Completed
- ☐ Diploma-nursing
- ☐ Associate degree-nursing
- ☐ Bachelor's degree-nursing
- ☐ Bachelor's degree-other
- ☐ Master's degree-nursing
- ☐ Master's degree-other
- ☐ Doctoral degree-nursing
- ☐ Doctoral degree-other

7. Your Gender
- ☐ Male
- ☐ Female

8. Are you MED-SURG Certified?
- ☐ Yes CMSRN
- ☐ Yes ANCC: BC or C
- ☐ No

9. What is your birthday month?

____

10. What is your birthday year?

____

You can also join AMSN online at amsn.org *or*
Fax to: AMSN Membership 856-218-0557 or
Mail to: AMSN Membership • East Holly Avenue/Box 56 • Pitman, NJ 08071-0056
Phone: 866-877-AMSN (2676)

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