

AACN ORGANIZATION DISCOUNT MEMBERSHIP ORDER FORM

Instructions

1. Vouchers may be purchased for NEW or RENEWING memberships and once activated they are valid for one-year.
2. **A minimum order of 10** membership vouchers must be purchased **at the same time** in order to receive the discount for the Active/Affiliate memberships. (Emeritus/Students already receive a discounted rate).
3. Mail or fax this form with full check or credit card payment in order to receive the discount.
4. An email will be sent to the contact below with instructions on how to access our portal to distribute the vouchers. The memberships will be activated by each individual clicking on their link which will take them to our website.

Contact Info

Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Email _____

MEMBERSHIP TYPE	PRICE	
Active Membership (any U.S. licensed RN) Affiliate Membership (Any LVN/LPN, or non-nurse professional) * DO NOT USE THIS FORM FOR EMERITUS MEMBERSHIPS *	\$65 per year Discounted from regular price of \$78	\$65 x ____ memberships
TOTAL COST OF MEMBERSHIP VOUCHERS ORDERED (All prices are based on U.S. Dollars)		= \$ _____

Payment Method

Applications must be accompanied by payment.

Check enclosed, payable to "AACN"

Charge \$ _____ to credit card

Name on card _____

Please bill my Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ CVV _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Signature: _____

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Annual membership fees and included one-year subscriptions to Critical Care Nurse (\$12) and American Journal of Critical Care (\$15) are non refundable.