

# Membership Application



ACADEMY OF MEDICAL-SURGICAL NURSES

compassion · commitment · connection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mandatory e-mail address to access the AMSUN Web site and to receive valuable notifications from AMSUN.  
AMSUN 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

### Membership Fee

Dues and contributions may qualify as a business expense, but are not deductible as a charitable contribution. \$35 of the membership dues is applied to a 1-year subscription to **MEDSURG Nursing** Journal. Membership Fee is non-refundable/non-transferable.

AMSUN tax ID# 22-3141758

**Full Name of AMSUN member who referred you to AMSUN:**

\*Free Virtual Student Memberships do not apply.

**Join for 2 years; save \$10. Join for 3 years; save \$25!**

Categories	1 Year	2 Years	3 Years
<b>Circle appropriate category</b>			
<b>Full Member – Registered Nurses</b>	<b>\$99</b>	<b>\$188</b>	<b>\$272</b>
<b>Senior - Full – RNs age 60 and over (Enclose proof of age).</b>	<b>\$89</b>	<b>\$168</b>	<b>\$242</b>
<b>Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).</b>	<b>\$99</b>	<b>\$188</b>	<b>\$272</b>
<b>Senior - Associate – Associate member age 60 and over (Enclose proof of age).</b>	<b>\$89</b>	<b>\$168</b>	<b>\$242</b>
<b>New to Practice – Full</b> RN in first two years of practice	—	<b>\$85</b>	—
<b>New to Practice – Associate</b> LPN/LVN in first two years of practice	—	<b>\$85</b>	—
<b>Virtual Student Membership (Enclose proof of enrollment).</b>	<b>\$0</b>	—	—

Donation amount to AMSUN Scholarship and Grant Program: \_\_\_\_\_

Check enclosed made payable in U.S. funds to: AMSUN

Charge my:



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 \_\_\_\_\_

### 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 Care Services
- School of Nursing
- Other

**5. Position**

- Clinical 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 sex**

- Male
- Female

**8. Are you med-surg certified?**

- Yes CMSRN
- Yes BC
- No

**9. What is your birth month and year?**

\_\_\_\_ / \_\_\_\_\_

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