

# Membership Application



ACADEMY OF MEDICAL-SURGICAL NURSES

compassion • commitment • connection

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Credentials: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

AMSUN may share your email address with partners to improve AMSUN services and products.  
 You can change your email preferences at any time by logging into your account at [www.amsun.org](http://www.amsun.org).

**Please check preferred mailing address.**

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

**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. \$32 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.

Categories	1 Year	2 Years	3 Years
<b>Circle appropriate category</b>			
<b>Full Member – Registered Nurses</b>	<b>\$85</b>	<b>\$160</b>	<b>\$230</b>
<b>Senior - Full – RNs age 60 and over (Enclose proof of age).</b>	<b>\$75</b>	<b>\$142</b>	<b>\$203</b>
<b>Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).</b>	<b>\$85</b>	<b>\$160</b>	<b>\$230</b>
<b>Senior - Associate – Associate member age 60 and over (Enclose proof of age).</b>	<b>\$75</b>	<b>\$142</b>	<b>\$203</b>
<b>New Graduate – Full</b> RNs in the first year of professional practice	<b>\$70</b>	—	—
<b>New Graduate – Associate</b> Associate member in the first year of professional practice	<b>\$70</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.**

- |   |  |  |  |   |
|---|--|--|--|---|
| <p><b>1. Professional status</b></p> <p><input type="checkbox"/> RN<br/> <input type="checkbox"/> LPN/LVN<br/> <input type="checkbox"/> Other</p> <p><b>2. Years experience as RN</b></p> <p><input type="checkbox"/> Less than 2<br/> <input type="checkbox"/> 2-5<br/> <input type="checkbox"/> 6-10<br/> <input type="checkbox"/> 11-15<br/> <input type="checkbox"/> 16-20<br/> <input type="checkbox"/> 21-25<br/> <input type="checkbox"/> 26 or more</p> | <p><b>3. Years as med-surg nurse</b></p> <p><input type="checkbox"/> Less than 2<br/> <input type="checkbox"/> 2-5<br/> <input type="checkbox"/> 6-10<br/> <input type="checkbox"/> 11-15<br/> <input type="checkbox"/> 16-20<br/> <input type="checkbox"/> 21-25<br/> <input type="checkbox"/> 26 or more</p> <p><b>4. Primary practice</b></p> <p><input type="checkbox"/> Inpatient Acute<br/> <input type="checkbox"/> Inpatient Critical Care<br/> <input type="checkbox"/> Inpatient Long-Term Care<br/> <input type="checkbox"/> Ambulatory Care Services<br/> <input type="checkbox"/> School of Nursing<br/> <input type="checkbox"/> Other</p> | <p><b>5. Position</b></p> <p><input type="checkbox"/> Clinical Nurse<br/> <input type="checkbox"/> Clinical Nurse Specialist<br/> <input type="checkbox"/> Nurse Practitioner<br/> <input type="checkbox"/> Educator/Faculty<br/> <input type="checkbox"/> Researcher<br/> <input type="checkbox"/> Unit Manager/Head Nurse<br/> <input type="checkbox"/> Administrator/Director<br/> <input type="checkbox"/> Student<br/> <input type="checkbox"/> Other</p> | <p><b>6. Highest level of education completed</b></p> <p><input type="checkbox"/> Diploma-nursing<br/> <input type="checkbox"/> Associate degree-nursing<br/> <input type="checkbox"/> Bachelor's degree-nursing<br/> <input type="checkbox"/> Bachelor's degree-other<br/> <input type="checkbox"/> Master's degree-nursing<br/> <input type="checkbox"/> Master's degree-other<br/> <input type="checkbox"/> Doctoral degree-nursing<br/> <input type="checkbox"/> Doctoral degree-other</p> | <p><b>7. Your sex</b></p> <p><input type="checkbox"/> Male<br/> <input type="checkbox"/> Female</p> <p><b>8. Are you med-surg certified?</b></p> <p><input type="checkbox"/> Yes CMSRN<br/> <input type="checkbox"/> Yes BC<br/> <input type="checkbox"/> No</p> <p><b>9. What is your birth month and year?</b></p> <p>____ / ____</p> |
|---|--|--|--|---|

**You can also join AMSUN online at [amsun.org](http://amsun.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)**