

2008 Council Membership Form

(1/1/08 thru 12/31/08)

Please provide us with your contact information as you would like it to appear in our membership database.

Contact Information

Name: _____ Credentials: _____
 Work phone: _____ Home phone: _____
 Fax: _____ Email: _____

Work Address

Company/Institution: _____
 Title: _____
 Address Line 1: _____
 Address Line 2: _____
 City, State, Zip: _____

Home Address

Address Line 1: _____
 Address Line 2: _____
 City, State, Zip: _____

Communication Preferences Mailing Address: Home Work

Select Membership Type: (Check One) *Note: 3-year sustaining memberships include current year plus 2 additional years.

<input type="checkbox"/>	Individual (regular)	\$100/year
<input type="checkbox"/>	Individual (discounted)	\$50/year
<input type="checkbox"/>	Individual (sustaining)*	\$250 for 3 years
<input type="checkbox"/>	Individual (discounted, sustaining)*	\$125 for 3 years
<input type="checkbox"/>	Individual (student)	\$25/year
<input type="checkbox"/>	Institutional (regular)	\$300/year
<input type="checkbox"/>	Institutional (sustaining)	\$1000 for 3 years
<input type="checkbox"/>	Corporate (regular)	\$750/year
<input type="checkbox"/>	Corporate (sustaining)	\$3000 for 3 years

TOTAL AMOUNT DUE

\$

*For Individual (Discounted) Membership Classifications Only:

Please select the organization through which you are receiving your discount and list your member ID number with that organization.

___	American Academy of Nursing	___	Sigma Theta Tau International
___	Eastern Nursing Research Society	___	Southern Nursing Research Society
___	Midwest Nursing Research Society	___	Western Institute of Nursing

Membership Identification Number: _____



The Council for the
 Advancement of Nursing Science

Better Health through Nursing Science

An Open Membership Council of the American Academy of Nursing

Please Check Your Areas of Expertise:

<u>Childbearing Women, Children & Family:</u>	<u>Adult Health:</u>	<u>Psychosocial Health Issues:</u>	<u>Nursing Practice & Care Systems:</u>	<u>Nursing & Health Science Foundations & Applications:</u>
<input type="checkbox"/> Child & Adolescent Health <input type="checkbox"/> Growth & Development <input type="checkbox"/> Critical/acute care <input type="checkbox"/> Chronic illness <input type="checkbox"/> Health behaviors (mental, physical) <input type="checkbox"/> Family & Couples Health <input type="checkbox"/> Parenting <input type="checkbox"/> Intergenerational <input type="checkbox"/> Health behaviors (mental, physical) <input type="checkbox"/> Neonatal & Infant Health <input type="checkbox"/> Growth & development <input type="checkbox"/> Critical/acute care <input type="checkbox"/> Chronic illness <input type="checkbox"/> Pregnancy, Fetal & Postpartum Maternal Health	<input type="checkbox"/> Critical/Acute/Chronic Illness <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular <input type="checkbox"/> HIV/AIDS & infectious diseases <input type="checkbox"/> Other <input type="checkbox"/> Aging & Older Adult Health <input type="checkbox"/> Health Behaviors (mental, physical) <input type="checkbox"/> Women's Health <input type="checkbox"/> Men's Health	<input type="checkbox"/> Cultural Competence <input type="checkbox"/> Health Disparities <input type="checkbox"/> Injury/Violence <input type="checkbox"/> Quality of Life <input type="checkbox"/> Substance Use/ Abuse	<input type="checkbox"/> Advanced Nursing Practice <input type="checkbox"/> Community/Home/Public Health <input type="checkbox"/> Forensic Health Care <input type="checkbox"/> Genetic Health Care <input type="checkbox"/> Health Promotion/Disease Prevention <input type="checkbox"/> International Health <input type="checkbox"/> Nursing Systems/ Administration/ Leadership <input type="checkbox"/> Nursing Informatics <input type="checkbox"/> Palliative & End of Life Care <input type="checkbox"/> Primary Care <input type="checkbox"/> Psychiatric/Mental Health	<input type="checkbox"/> Ethical & Philosophical Inquiry <input type="checkbox"/> Evidence-Based Practice/Research Utilization <input type="checkbox"/> Health Policy <input type="checkbox"/> Nursing Education <input type="checkbox"/> Nursing & History <input type="checkbox"/> Nursing Theory-Guided Practice <input type="checkbox"/> Healthcare Quality/Safety & Outcomes <input type="checkbox"/> Research Methods

Would you like your contact information to appear in an online membership directory? YES NO

Would you like to be sent the Council broadcast emails including the Council eNewsletter? YES NO

Payment Method (Circle): Check #: _____ CC: Visa MasterCard

Credit Card Number: _____ Exp. _____

Name on Card: _____ Signature: _____

Please send completed form with appropriate dues (be sure to include your membership number in AAN, STTI, or your regional nursing research society if you are opting for the discounted dues) to:

American Academy of Nursing - Council
 Attn: Council Membership
 888 17th Street NW, Washington, DC 20006
 Fax: 202-777-0170
 Phone: 202-777-1175