



2010 Council Membership Form

(1/1/10 thru 12/31/10)

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 Home Work

Select Membership Type: (Check One)

<input type="checkbox"/>	Individual	\$100/year
<input type="checkbox"/>	Individual (discounted)*	\$50/year
<input type="checkbox"/>	Student	\$25/year
<input type="checkbox"/>	Institutional	\$300/year
<input type="checkbox"/>	Corporate	\$750/year

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.

<input type="checkbox"/>	American Academy of Nursing	<input type="checkbox"/>	Sigma Theta Tau International
<input type="checkbox"/>	Eastern Nursing Research Society	<input type="checkbox"/>	Southern Nursing Research Society
<input type="checkbox"/>	Midwest Nursing Research Society	<input type="checkbox"/>	Western Institute of Nursing

Membership Identification Number: _____

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

Payment Method (Circle One): Check #: _____ Credit Card: Visa MasterCard

Credit Card Number: _____ Exp. _____

Name on Card: _____ Signature: _____

Please send completed form with appropriate dues to:

**American Academy of Nursing
 ATTN: Council for the Advancement of Nursing Science
 888 17th Street NW, Suite 800
 Washington, DC 20006
 Fax: 202-777-0107**