

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.

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
Circle appropriate category			
Full Member – Registered Nurses	\$85	\$160	\$230
Senior - Full – RNs age 60 and over (Enclose proof of age).	\$75	\$142	\$203
Associate Member – Licensed health care professionals interested in the care of adults (Non RNs).	\$85	\$160	\$230
Senior - Associate – Associate member age 60 and over (Enclose proof of age).	\$75	\$142	\$203
New Graduate – Full RNs in the first year of professional practice	\$70	—	—
New Graduate – Associate Associate member in the first year of professional practice	\$70	—	—
Virtual Student Membership (Enclose proof of enrollment).	\$0	—	—

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.*

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

Academy of Medical-Surgical Nurses Annual Convention Registration Form

October 22-25, 2020 | Virtual

3 ways to register



Register online at:
convention.amsn.org



FAX credit card payment to:
856-218-0557



Mail completed form with payment to:
AMS N Registration
Box 56
Pitman, NJ 08071-0056

Name: _____ Daytime Phone Work Home Cell

Credentials: _____ () _____

Employer Name: _____ E-mail address: _____

Preferred Mailing Address: Work Home

City: _____

State: _____ Zip: _____

(E-mail address is required so we can send you receipt/confirmation/CH access.)

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Years as med-surg nurse</p> <p><input type="checkbox"/> Less than 2</p> <p><input type="checkbox"/> 2-5</p> <p><input type="checkbox"/> 6-10</p> <p><input type="checkbox"/> 11-15</p> <p><input type="checkbox"/> 16-20</p> <p><input type="checkbox"/> 21-25</p> <p><input type="checkbox"/> 26 or more</p> <p>2. Primary practice</p> <p><input type="checkbox"/> Inpatient Acute</p> <p><input type="checkbox"/> Inpatient Critical Care</p> | <p><input type="checkbox"/> Inpatient Long-Term Care</p> <p><input type="checkbox"/> Ambulatory Services</p> <p><input type="checkbox"/> School of Nursing</p> <p><input type="checkbox"/> Other</p> <p>3. Position</p> <p><input type="checkbox"/> Clinical Nurse</p> <p><input type="checkbox"/> Clinical Nurse Specialist</p> <p><input type="checkbox"/> Nurse Practitioner</p> <p><input type="checkbox"/> Educator/Faculty</p> <p><input type="checkbox"/> Researcher</p> <p><input type="checkbox"/> Unit Manager/Head Nurse</p> | <p><input type="checkbox"/> Administrator/Director</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Other</p> <p>4. Are you med-surg certified?</p> <p><input type="checkbox"/> Yes CMSRN</p> <p><input type="checkbox"/> Yes BC</p> <p><input type="checkbox"/> No</p> <p>5. What is your birth month and year?</p> <p>____ / ____ - ____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Virtual Convention Live Schedule

(includes education sessions, poster viewing, networking, and virtual exhibits)

Thursday, October 22, 2020: 1:30 pm - 8:00 pm EDT

Friday, October 23, 2020: 10:00 am - 6:15 pm EDT

Saturday, October 24, 2020: 10:00 am - 6:30 pm EDT

Sunday, October 25, 2020: 10:00 am - 5:30 pm EDT

Visit **convention.amsn.org** for complete schedule.

Session selection is not required for this year's virtual convention. You may attend any of the live sessions during their scheduled times listed at convention.amsn.org or all sessions, on-demand, for up to 2 years after convention.

2020 Registration Fees

Package Name	Member	Non Member	CH Available	
Convention - Complete	\$575.00	\$675.00	55	
Convention Complete - Group 3+ Members	\$550.00	n/a	55	
Student - Flat Rate Pursuing initial RN license Send proof of enrollment or current transcript for student status, with <i>AMS N Convention</i> in the subject, to: Fax: 856-218-0557 OR Email: amsn@amsn.org	\$275.00	n/a	n/a	Pre-licensure students must join as a virtual student member in order to register for convention. AMS N student virtual membership is free. Current student memberships must be valid through October 31, 2020. You may renew your membership with your convention registration. Membership will commence upon current renewal date.
Active Military Flat Rate	\$470.00	\$570.00	55	Send proof of active military status, with <i>AMS N Convention</i> in the subject, to: Fax: 856-218-0557 OR Email: amsn@amsn.org
Convention Select	\$525.00	\$625.00	41	
Convention Basic	\$425.00	\$525.00	27	
Convention Sampler	\$225.00	\$325.00	14	

To join AMS N today and pay member fees for this registration, please complete the membership form.

Membership must be valid through October 31, 2020, to qualify for member rates. Current members may renew their AMS N membership with their convention registration. Membership will commence upon current renewal date (AMS N Membership - \$85 annually).

PAYMENT OPTIONS

Check enclosed made payable in U.S. funds to: **AMS N**

Charge my:



Name of card holder (please print) _____

Billing address if different from above mailing address _____

Credit Card Number _____ / _____ / _____

Expiration Date _____ Security Code _____

Signature _____

PAYMENT SUMMARY

Convention Complete	\$ _____
Convention Select	\$ _____
Convention Basic	\$ _____
Convention Sampler	\$ _____
Student	\$ _____
Membership	\$ _____
Total Enclosed	\$ _____

AMS N Tax ID # 22 3141758

Cancellations and Substitutions must be received in writing: Email amsn@amsn.org or mail AMS N National Office, 200 E. Holly Ave., Sewell, NJ 08080. For cancellations received by September 22, 2020, a \$75 administrative fee will be assessed and the balance will be remitted to the original form of payment. No refunds will be made thereafter. Membership fee is non-refundable/non-transferable. If substitute is not an AMS N member, additional fees may apply. AMS N reserves the right to cancel programs because of emergencies, labor strikes, natural disasters, and insufficient registration or sponsorship.