

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
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.**

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 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)**