



American
Association
for the
**History of
Nursing, Inc.**

Membership Information

Becoming a member of AAHN provides you with a spectrum of opportunities to both enrich your professional life and contribute to the field of nursing history. Members receive a discounted rate for the annual meeting and purchasing items from the Shop. Members receive *The Nursing History Review* (now also available online) and the *AAHN Bulletin*. At the annual meeting members have the opportunity meet and discuss historical interests with other nursing history researchers.

Regular Member—Individuals interested in the purposes and work of the association. Membership includes full voting privileges, all newsletters and notices, right to hold office and/or serve on committees and inclusion in searchable online Membership Directory.—Dues \$150.00

Student—Full-time students with an interest in the purposes and work of the association. Membership includes all newsletters and notices, and inclusion in searchable online Membership Directory.—Dues \$75.00

Retired Members—Individuals who have been members of the Association and have retired from professional employment. Membership includes, all newsletters and notices, and inclusion in online searchable Membership Directory.—Dues \$75.00

Supporting Member—Individuals interested in the purposes and work of the association. Membership includes, full voting privileges, all newsletters and notices, right to hold office and/or serve on committees and inclusion in searchable online Membership Directory.—Dues \$250.00

Agency Member—Agencies, organizations, or corporations, with an interest in the purposes and work of the association. Membership includes all newsletters and notices and inclusion in online searchable Membership Directory.—Dues \$150.00



American Association for the History of Nursing, Inc.

Membership Application/Renewal Form
www.aahn.org aahn@resourcenter.com

Please Print Clearly

Encouraged to join by: _____

Name: Dr. / Mrs. / Mr. / Ms. _____

Title/position: _____ Credentials: _____

Institutional affiliation: _____

Teaching Undergraduate students: Graduate students:

Mailing address: Home Business

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone number: _____ Work phone number: _____

Fax number: _____ E-mail: _____

A. Membership Dues Schedule: Select only one Membership Category.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$150 Regular 1 year | <input type="checkbox"/> \$75 Student 1 year | <input type="checkbox"/> \$75 Retired 1 year |
| <input type="checkbox"/> \$295 Regular 2 years | <input type="checkbox"/> \$145 Student 2 years | <input type="checkbox"/> \$145 Retired 2 years |
| <input type="checkbox"/> \$435 Regular 3 years | <input type="checkbox"/> \$210 Student 3 years | <input type="checkbox"/> \$210 Retired 3 years |

- | | |
|---|---|
| <input type="checkbox"/> \$250 Supporting 1 year | <input type="checkbox"/> \$150 Agency 1 year |
| <input type="checkbox"/> \$495 Supporting 2 years | <input type="checkbox"/> \$295 Agency 2 years |
| <input type="checkbox"/> \$735 Supporting 3 years | <input type="checkbox"/> \$485 Agency 3 years |

MEMBERSHIP SUBTOTAL: _____

B. Research Grants Program Contributions:

AAHN will celebrate its 30th Annual Conference in 2013. We invite members to give \$30 for the 30th to fund the Research Grants Program.

\$30 \$300 \$3000 Other amount: _____ **Contribution Subtotal:** _____

C. Research Interest:

TOTAL: _____

PAYMENT INFORMATION:

Check/Money Order Visa MasterCard

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

Please return this form with your payment. Checks or money orders (in U.S dollars) payable to AAHN. Credit card payments may be faxed to AAHN at 303-422-8894 or mail your application form with payment to the address below:

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