



ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS

2012 Membership Application

Membership Year: January 1 to December 31

RENEW ON-LINE: www.achne.org

Please Print Clearly:

Referred By: _____

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

Title: _____ Credentials: _____

Affiliation: _____

Address: _____

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

Home phone number: _____ Office phone number: _____

Fax number: _____ E-mail: _____

ALTERNATIVE ADDRESS: If you would prefer an alternative address listed in the membership directory please list below.

Address: _____

City: _____ State: _____ Zip: _____

A. MEMBERSHIP DUES SCHEDULE: Select one Membership Category. *(See category descriptions on reverse)*

\$120 Active Member

\$80 International Member

\$500 Corporate Member

\$80 Retired Member

\$500 Institutional Member
(College or University)

\$80 Student

(Student must include proof of current enrollment status to receive student member rates.)

A. MEMBERSHIP SUBTOTAL:* _____

B. NEWSLETTER: Bi-Annual Newsletter is posted on the ACHNE website. To receive a print copy in addition check here.

\$10 ACHNE Newsletter (printed version)

B. NEWSLETTER SUBTOTAL:* _____

C. RESEARCH GRANTS DONATIONS: Your tax deductible contribution will ensure that the ACHNE Research Grants program will continue.

\$5 \$10 \$25 \$50 \$100

C. DONATION SUBTOTAL:* _____

D. If you would like your name withheld from the **on-line directory**, please check this box:

E. If you would like your name withheld from the ACHNE **listserv**, please check this box:

F. Due to current fax laws, we need your permission to send you **faxes**. Does ACHNE have permission to **fax** you? Yes No

ACHNE occasionally makes the names of members available through mailing labels to pre-approved organizations (meeting announcements, press releases etc). If you would like your name withheld from such **mailings**, please check this box.

PAYMENT INFORMATION:

Check/Money Order # _____ Visa MasterCard American Express
 Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to ACHNE.
10200 West 44th Avenue, Suite 304, Wheat Ridge, Colorado 80033-2840, USA Tel: 303-422-0769
Credit Card Payments can be faxed to ACHNE at 303-422-8894.

SUM A→C: _____

TOTAL DUE: _____

Please FAX or MAIL
your form to the address in the
Payment Information box.

* Payments to ACHNE are not tax deductible as charitable contributions, although they may be tax deductible as a business expense. Consult your tax advisor.



ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS

The Board of ACHNE is seeking members willing to share their expertise.

ACHNE often receives requests for content experts with specific healthcare/public health knowledge. In addition, the organization receives materials that require review and response by the board of directors. **These requests may be very time sensitive.**

1. If you are willing to serve as a content expert to the organization or as a media contact if called upon by ACHNE please check this box:

2. Please check the categories that most reflect your specialized knowledge.

- Community-based participatory research
- Emergency Preparedness
- Faculty practice
- Global/International Health
- Healthy policy - Health care reform
- Immunizations
- Informatics
- Migrant Health
- Nurse Managed Centers
- Specialist education in C/PHN
- Urban/Rural Public Health Nursing
- Other _____

Membership Categories:

Active Member – Membership includes full voting privileges, all newsletters and notices, inclusion in online Membership Directory, reduced prices for Annual Meeting and right to hold office

Corporate Member – One representative will receive all newsletters and notices, including listserv; recognition in the online Membership Directory, two reduced price registrations for Annual Meeting and discounts for exhibitor space.

Institutional Member - (College or University) One representative will receive full member benefits, one complimentary admission to the Annual Institute and discounted exhibitor space, recognition in the online Membership Directory,

Student - Membership includes all newsletters and notices, reduced prices for Annual meeting and inclusion in online Membership Directory
(*Students must include proof of current enrollment status to receive student member rates.*)

Retired Member – Membership includes all newsletters and notices, and inclusion in Membership Directory

International Member - Membership includes full voting privileges, all newsletters and notices, reduced prices for Annual Meeting and right to hold office.