



# ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS

## 2010 Membership Application

Membership Year: January 1 to December 31

RENEW ON-LINE: [www.achne.org](http://www.achne.org)

**Please Print Clearly:**

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
- \$500 Corporate Member
- \$500 Institutional Member  
(College or University)

- \$80 Student\*
- \$80 Retired Member

**\*Student must include proof of current enrollment status to receive student member rates.**

**A. MEMBERSHIP SUBTOTAL:\*** \_\_\_\_\_

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

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

**E.** 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

**SUM A→B:** \_\_\_\_\_

**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
- 

### **Membership Categories:**

**Active Member** – Membership includes full voting privileges, all newsletters and notices, 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 Members** – Membership includes all newsletters and notices, and inclusion in Membership Directory