



# ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS

## 2018 Membership Application

Membership Year: January 1 to December 31

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

- |  |   |
|--|---|
| <input type="checkbox"/> \$150 Active Member                                   | <input type="checkbox"/> \$110 International Member   |
| <input type="checkbox"/> \$850 Corporate Member                                | <input type="checkbox"/> \$90 Retired Member  |
| <input type="checkbox"/> \$850 Institutional Member<br>(College or University) | <input type="checkbox"/> \$75 Student<br>(Student must include proof of current enrollment status to receive student member rates.) |

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

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

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

**B. DONATION SUBTOTAL:** \_\_\_\_\_

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

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

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: 720-881-6044  
Credit Card Payments can be faxed to ACHNE at 720-881-6101.

**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

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**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 \_\_\_\_\_

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### **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.