

# AAOHN MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
 Credentials \_\_\_\_\_  
 Title/Position \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Business Phone( ) \_\_\_\_\_  
 Fax( ) \_\_\_\_\_  
 Business E-mail \_\_\_\_\_

AAOHN Use  
 Member # \_\_\_\_\_ CC Approval # \_\_\_\_\_

**Preferred Mailing Address:**  Business  Home  
**Preferred E-mail Address:**  Business  Home

Home Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone( ) \_\_\_\_\_  
 Home E-mail( ) \_\_\_\_\_

*Do you wish to receive mailings other than AAOHN's?*  Yes  No

**Select Membership Level:**

- ACTIVE:** A registered professional nurse currently employed in occupational and environmental health.
- AFFILIATE:** A registered professional nurse not eligible for active status, but interested in the field of occupational and environmental health. Others not eligible for active status, but practicing in the field of occupational and environmental health.
- STUDENT:** A registered professional nurse enrolled as a student in a program of study related to occupational and environmental health or a student in a professional nursing program with interest in occupational and environmental health. **Enclose verification a current copy of student ID or transcripts.**
- RETIRED:** A member retired from the occupational or environmental health profession.

Sponsored by: (name and member #) \_\_\_\_\_

**Please contact AAOHN for chapter affiliations and corresponding dues at (800) 241-8014.**

National Chapter .....Dues \_\_\_\_\_  
 Regional Chapter .....Dues \_\_\_\_\_  
 State Chapter .....Dues \_\_\_\_\_  
 Local Chapter .....Dues \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

AAOHN dues may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of association lobbying activities. AAOHN estimates that the non-deductible portion of your dues—the portion which is allocable to lobbying— is 8 percent. AAOHN Tax ID# 13-1683514

Paid by:  Check/Money Order (payable to AAOHN)  American Express  VISA  MasterCard

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_ Charge Authorization Signature \_\_\_\_\_

Dues paid by  Company  Self  Shared (Self and Company)

**DEMOGRAPHIC PROFILE:** This information helps us to better serve you. Thank you! (OPTIONAL)

Year of Birth \_\_\_\_\_  Male  Female Year began working as an occupational and environmental health nurse \_\_\_\_\_

**BUSINESS CATEGORY: (check one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aerospace<br><input type="checkbox"/> Agency-Employed<br><input type="checkbox"/> Agriculture/Forest/Fisheries<br><input type="checkbox"/> Amusement/Recreational Service<br><input type="checkbox"/> Apparel/Finished Products<br><input type="checkbox"/> Biotechnology<br><input type="checkbox"/> Chemicals/Allied Products<br><input type="checkbox"/> College/Universities<br><input type="checkbox"/> Communication | <input type="checkbox"/> Construction<br><input type="checkbox"/> Electrical Machinery<br><input type="checkbox"/> Federal Government<br><input type="checkbox"/> Finance<br><input type="checkbox"/> Food/Kindred Products<br><input type="checkbox"/> Hospital/Medical Center<br><input type="checkbox"/> Insurance/Real Estate<br><input type="checkbox"/> Local Government<br><input type="checkbox"/> Lumber/Wood Products<br><input type="checkbox"/> Machinery, Non-Electrical<br><input type="checkbox"/> Mining | <input type="checkbox"/> Misc. Manufacturing Industries<br><input type="checkbox"/> Miscellaneous Services<br><input type="checkbox"/> Non Classifiable Establishment<br><input type="checkbox"/> Oil Refining/Related Products<br><input type="checkbox"/> Paper/Allied Products<br><input type="checkbox"/> Primary/Fabricated Metal Products<br><input type="checkbox"/> Prof. Scientific/Control Instruments<br><input type="checkbox"/> Retail Trade<br><input type="checkbox"/> Rubber/Misc Plastic/Leather<br><input type="checkbox"/> Self-Employed<br><input type="checkbox"/> State Government<br><input type="checkbox"/> Stone, Clay, Glass, Concrete, Products<br><input type="checkbox"/> Textile Mill Products<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Utilities<br><input type="checkbox"/> Wholesale Trade |
|---|--|--|

**AREA OF INTEREST: (check all that apply)**

- Case Management
- Consultant/Entrepreneur
- Corporate Director/Executive
- Direct Care/On-site Provider
- Education/Research
- Hospital/Medical Center
- International/Travel Health
- Nurse Practitioner
- Safety & Environmental Health

**EDUCATION: (check all that apply)**

- Diploma
- Associate Degree
- Baccalaureate/Nursing
- Baccalaureate/Other Field
- Masters in Nursing
- Masters in Other Field
- Doctorate  
(e.g., PhD/EdD/DNSC)

**Return application with payment by mail or fax.**

**MAIL**  
 AAOHN Membership Processing Center  
 7794 Grow Drive  
 Pensacola, FL 32514

**FAX** (credit card payment only)  
 (850) 484-8762

All information will be kept strictly confidential. No individual information will be released. All information will be summarized for the purpose of developing accurate membership profiles and developing programs, products, and services that meet the needs of members as reflected in these segments.