

AAOHN 2009 MEMBERSHIP APPLICATION

Name _____
 Credentials _____
 Title/Position _____
 Company Name _____

AAOHN USE	WEB09
Member # _____	
CC Approval # _____	

Business Address _____
 City _____
 State _____ ZIP _____
 Business Phone (____) _____
 Fax (____) _____
 Business E-mail _____

Home Address _____
 City _____
 State _____ ZIP _____
 Home Phone (____) _____
 Home E-mail _____
 Do you wish to be included on 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 x0

National ChapterDues _____
 Regional ChapterDues _____
 State ChapterDues _____
 Local ChapterDues _____
TOTAL \$ _____

AAOHN dues may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. AAOHN estimates that the non-deductible portion of your 2008 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 _____

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

Return application with payment by mail or fax.	
MAIL	FAX (credit card payment only)
AAOHN Membership Processing Center	(770) 455-7271
P.O. Box 116005	
Atlanta, GA 30368-6005	

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.

DUES PAID BY: Company Self Shared (Self and Company)