

# American Holistic Nurses Association

## Membership Form

### All are welcome!

Contact information is transferred directly into the AHNA Member Directory (available on the web in 2006).

- NEW MEMBER: New members receive a packet with information about the AHNA and member benefits
- RENEWAL: Renewing members receive an e-mail confirming payment within 3-4 weeks

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Credentials (initials only) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Private Practice Name:

Name of person who referred you?

Private Practice: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Where did you get your membership application?

\_\_\_\_\_

#### Main Area of Employment

- Private individual practice
- Academic/Ed. Institution
- Hospital/Clinic/Group Practice
- Home Care/Hospice
- Student
- Retired
- Other \_\_\_\_\_

#### Member Category & Annual Dues (please check one)

- Active**                      **\$125**      RNs, LPNs/LVNs currently licensed to practice.
- Student**                      **\$50**        Full-time students, please provide an official's signature or download a Student Verification Letter from the AHNA web site:  
[www.ahna.org/join/letter.rtf](http://www.ahna.org/join/letter.rtf)
- Elder\***                        **\$75**        Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RNs, LPNs/LVNs age 65 years or over.
- Supporting**                    **\$125**       Non-nurses who wish to participate with AHNA.
- Supporting Elder\*** **\$75**      Non-nurses age 65 years or over who wish to participate with AHNA.  
Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* Elder memberships do not include subscription to the *Journal of Holistic Nursing*.

**NEW!** Join/Renew for more than one year and receive a discount:

- Two years \$230 Save \$10 per year—a \$20 savings
- Four Years \$440 Save \$15 per year—a \$60 savings

#### Please indicate professional training and associations:

Education completed:

Certifications:

Professional Associations:

Do you want to receive mailings pertinent to holistic health?.....  yes  no

Do you want to be included in the AHNA Member Directory? (available to members only) ....  yes  no

Do you want to receive e-mail "News from the AHNA"? .....  yes  no

Continued, reverse

**PAYMENT**

**Membership**

Membership fee ..... \$ \_\_\_\_\_

**Products**

	Qty	Amt	Total
AHNA/ANA Scope and Standards book	_____	\$25	\$ _____
AHNA lapel pin	_____	\$10	\$ _____
Bookmarks: Nurture the Nurse from A to Z (pack of 20)	_____	\$4	\$ _____
Bumper Sticker: Nurses United in Healing	_____	\$2	\$ _____
Iris note cards with envelopes, full-color, glossy (pack of 10)	_____	\$10	\$ _____
Iris poster, full-color, glossy, 16x20" (single)	_____	\$5	\$ _____

**Services**

**Online Practitioner Directory listing** - first year  
 I have download application on www.ahna.org/practitioners ..... \_\_\_\_\_ \$65 \$ \_\_\_\_\_

**Online Practitioner Directory listing** - renewal  
 I have download application on www.ahna.org/practitioners ..... \_\_\_\_\_ \$50 \$ \_\_\_\_\_

**Donations**

**I am delighted to put my money where our mission is! I'd like to help the AHNA unite nurses in healing with my tax-deductible donation.**

\$10 \$25 \$50 \$100 \$200 \$500 \$1000 \$5000 Other \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**CHECK OR MONEY ORDER**

Please make checks payable to: American Holistic Nurses Association. Outside the U.S., send International Money Order or Cashier's Check in U.S. funds only.

**CHARGE**

MasterCard  Visa  Am. Express  Discover Card

- Optional Monthly credit card payments available for \$12 charge—payments of \$11.42 per month\*
- Quarterly credit card payments available for \$6 charge—payments of \$32.75 per quarter\*

\*Please note that if your membership lapsed last year, you may have 2 payments per month for the duration lapsed.

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

Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

**Please send this form to the AHNA by fax or mail.**

Fax: (928) 526-2752  
 323 N San Francisco Street Suite 201  
 Flagstaff, AZ 86001  
 (800) 278-2462, Ext. 12  
 membership@ahna.org

\*You will be receiving an e-mail confirming your payment