

# Academy of Medical-Surgical Nurses

## Membership Application

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (      ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Mailing Address (check one)  
 Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: (      ) \_\_\_\_\_

Preferred Daytime Phone:     Home     Work

Name of person who referred you to AMSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please provide AMSN with an e-mail address** so we can send you our monthly e-newsletter and notify you of other membership benefits.  
**AMSN will not share your e-mail address with an outside source.**

### Membership Fee

Dues and contributions may qualify as a business expense, but are not deductible as a charitable contribution. \$20 of the membership dues is applied to a 1-year subscription to **MEDSURG Nursing Journal**.

AMSN occasionally makes available its members' mailing address to organizations/ companies approved by AMSN as providing valuable information to the medical-surgical nursing community. Check here if you prefer not to receive this information.

Membership Categories		
<input type="checkbox"/> <b>Full Member</b>	<b>\$84</b>	Registered Nurses.
<input type="checkbox"/> <b>Senior - Full</b>	<b>\$75</b>	RNs age 60 and over (Enclose proof of age).
<input type="checkbox"/> <b>New Graduate - Full</b>	<b>\$70</b>	RNs in the first year of professional practice (Enclose copy of diploma).
<input type="checkbox"/> <b>Associate Member</b>	<b>\$84</b>	Licensed health care professionals interested in the care of adults (Non RNs).
<input type="checkbox"/> <b>Senior - Associate</b>	<b>\$75</b>	Associate member age 60 and over (Enclose proof of age).
<input type="checkbox"/> <b>New Graduate - Associate</b>	<b>\$70</b>	Associate member in the first year of professional practice (Enclose copy of diploma).
<input type="checkbox"/> <b>Student Member</b>	<b>\$50</b>	Registered nursing student (Enclose proof of enrollment).
<input type="checkbox"/> <b>NSNA Student Member</b>	<b>\$45</b>	(Enclose copy of NSNA membership card).

Check is enclosed | Charge my  Visa **OR**  MasterCard

Card # \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Signature \_\_\_\_\_

Name on card \_\_\_\_\_

Credit card billing address \_\_\_\_\_

if different from shipping \_\_\_\_\_

**Make check payable to AMSN (in U.S. Funds).**

### Data Questions (Please complete ALL information)

Please circle one answer for each question that is available.

**Please do not fill in your own choices, use what is shown.**

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| <p><b>1. Position</b></p> <p>(1) Staff Nurse<br/>         (2) Clinical Nurse Specialist<br/>         (3) Nurse Practitioner<br/>         (4) Educator/Faculty<br/>         (5) Researcher<br/>         (6) Unit Manager/Head Nurse<br/>         (7) Administrator/Director<br/>         (8) Student</p> <p><b>2. Are you MED-SURG Certified?</b></p> <p>(1) Yes CMSRN<br/>         (2) Yes ANCC<br/>         (3) No</p> <p><b>3. Practice Setting</b></p> <p>(1) Inpatient Acute<br/>         (2) Inpatient Critical Care<br/>         (3) Inpatient Long-Term Care<br/>         (4) Ambulatory Services<br/>         (5) Community Health<br/>         (6) Home Health<br/>         (7) Rehabilitation<br/>         (8) Hospice<br/>         (9) Private Practice<br/>         (A) Occupational Health<br/>         (B) Physician Office/Clinic<br/>         (C) Subacute Care</p> <p><b>4. Clinical Areas</b><br/> <i>(circle all that apply)</i></p> <p>(1) Cardiovascular<br/>         (2) Pulmonary<br/>         (3) Neurological</p> | <p>(4) Musculo-Skeletal<br/>         (5) Gastrointestinal<br/>         (6) Geriatrics<br/>         (7) GYN<br/>         (8) Integumentary<br/>         (9) Transplant<br/>         (A) Ophthalmology<br/>         (B) Nephrology<br/>         (C) Oncology<br/>         (D) School of Nursing</p> <p><b>5. Highest Level of Education Completed</b></p> <p>(1) Diploma<br/>         (2) Associate Degree<br/>         (3) Bachelor's Degree-Nursing<br/>         (4) Bachelor's Degree-Other<br/>         (5) Master's Degree-Nursing<br/>         (6) Master's Degree-Other<br/>         (7) Doctorate</p> <p><b>6. Number of Years in Nursing</b></p> <p>(1) 0-5<br/>         (2) 6-10<br/>         (3) 11-15<br/>         (4) 16-20<br/>         (5) More than 20</p> <p><b>7. Professional Status</b></p> <p>(1) RN<br/>         (2) LPN/LVN</p> |
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AMSN tax ID# 22-3141758

**You can also join AMSN on-line at [www.medsurgnurse.org](http://www.medsurgnurse.org)**

**Mail to:** AMSN Membership • East Holly Avenue/Box 56 • Pitman, NJ 08071-0056 • Phone: 866-877-AMSN (2676)