



Membership Application

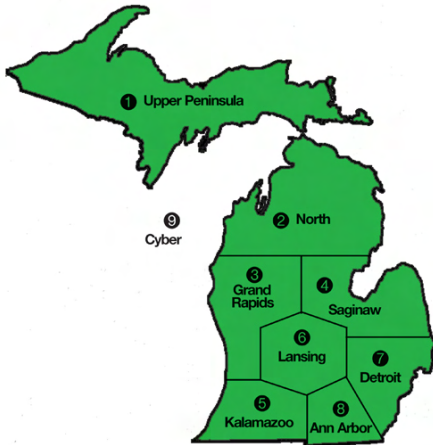
New Renew

Please complete both pages and send to: RN-AIM, P O Box 11180, Lansing, MI 48901

Name _____
 Michigan RN License No. _____
 Home Address _____
 Home Phone _____
 Employer/School _____
 Work/School Address _____
 Work/School Phone _____

E-mail Address _____
 Credentials _____
 City/State/Zip _____
 Cell Phone _____
 Position _____
 City/State/Zip _____
 Date of Birth _____

Educational Region (select one)



- 1 Upper Peninsula 6 Lansing
- 2 Northern 7 Detroit
- 3 Grand Rapids 8 Ann Arbor
- 4 Saginaw 9 Cyber
- 5 Kalamazoo

Professional Council Updates (select one)

- Administration & Education
- Excellence in Nursing Practice
- Nursing Students
- Public Policy
- Research

Membership Type Dues Total

- Regular Member \$120/year _____
- Nursing Student \$25/year _____
- First Year RN \$25/year _____
- Retired RN \$60/year _____

Payment Methods (select one)

- Visa/MC/Discover Credit ____ Debit ____
 # _____
 Exp. Date _____ Amt. \$ _____
 Signature _____
- Check enclosed for \$ _____

Authorization (select one)

- I give permission for publication of my name in RN-AIM materials.
- I do NOT give permission for publication of my name in RN-AIM materials.

For Business Use:

Member # _____ Date Rec'd _____
 Check # _____ Amount \$ _____
 Credit/Debit Amount \$ _____ By _____



Professional RN Information

How did you hear about RN-AIM? _____

RN-AIM is a diverse, inclusive and responsive nursing association. Completing the information below will allow us to inform you of conferences, special projects, task forces, legislation or appointments in your area of interest.

Name _____

E-mail Address _____

Employment Setting

- Acute Care/Hospital
- Ambulatory Care/Outpatient
- Long Term Care
- Home Health
- Public Health
- Community Mental Health
- Hospice
- Occupational Health
- Rehabilitation
- Physician's Office
- Private Practice (Nurse-Run)
- School/College Health
- School/College of Nursing
- Business/Corporation
- Government Agency
- Managed Care Organization
- Retired from _____
- Other _____

Level of Education (check all that apply)

- Diploma
- Associate Degree
- Baccalaureate in Nursing
- Baccalaureate (other) _____
- Master's in Nursing
- Master's (other) _____
- Doctorate in Nursing
- Doctorate (other) _____
- Juris Doctorate

Type of Position

- Staff Nurse
- Supervisor
- Administrator/Manager
- Educator
- Researcher
- Managed Care/Case Manager
- Student
- Clinical Nurse Specialist
- Nurse Practitioner
- Nurse Anesthetist
- Nurse Midwife
- Entrepreneur
- Consultant
- Other _____

Clinical Interest Area

- Gerontology
- Maternal/Child Health
- Medical/Surgical
- Psychiatric
- Community Health
- Other _____

RN-AIM Volunteer Interest Area

- Host/Coordinate District Meeting
- Write for Newsletter or Website
- Serve on a Committee _____
- Run for Office _____
- Present to Groups about RN-AIM

**Please check all that apply and send both pages to:
Visit the RN-AIM website for more information:**

**RN-AIM, P O Box 11180, Lansing, MI 48901
www.RN-AIM.org**