

2007 AAOHN MEMBERSHIP APPLICATION



Class of Membership:

- 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 and the purposes of AAOHN. Others not eligible for active status, but practicing in the field of occupational health and interested in the purposes of AAOHN.
- 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 health. *(If applying for student membership, enclose verification of student status (current copy of student ID or transcript.)*
- Retired** – A member retired from occupational and environmental health.

Total payment amount \$ _____ Paid by: Check/Money Order (payable to AAOHN) VISA MasterCard American Express
 Credit Card# _____ Exp. Date _____
 Name of Cardholder (please print) _____
 Charge Authorization Signature _____

AAOHN USE	
Member # _____	
CC Approval # _____	
A07WEB	

Contact AAOHN for dues rates and chapter assignment, (800) 241-8014

National Chapter _____ Regional Chapter _____ State Chapter _____ Local Chapter _____
TOTAL \$ _____ Sponsored by: (name and member #) _____

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

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

Preferred Mailing Address: (check one) Business Home

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 2007 dues - the portion which is allocable to lobbying - is 8 percent. AAOHN Tax ID# 13-1683514.

Preferred E-mail Address: (check one) Business Home

Return your application by mail or fax.	
MAIL	FAX
AAOHN	(770) 455-7271
Membership Processing Center	<i>(if paying by credit card)</i>
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.	

DEMOGRAPHIC PROFILE

Do you wish to be included on mailings other than AAOHN's? Yes No Year of birth _____ Male Female
 Year began working as an occupational and environmental health nurse? _____

Business Category: (check one)

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

Section Interest: (check all that apply)

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Corporate Director/Executive | <input type="checkbox"/> Education/Research | <input type="checkbox"/> International/Travel Health | <input type="checkbox"/> Safety & Environmental Health |
| <input type="checkbox"/> Consultant/Entrepreneur | <input type="checkbox"/> Direct Care/On-site Provider | <input type="checkbox"/> Hospital/Medical Center | <input type="checkbox"/> Nurse Practitioner | |
- Dues paid by: Company Self Shared (Self and Company)

Education Preparation: (check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Baccalaureate in Nursing | <input type="checkbox"/> Master's in Nursing | <input type="checkbox"/> Doctorate (e.g. Ph.D, Ed.D., DNSC) |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Baccalaureate in Other Field | <input type="checkbox"/> Master's in Other Field | |