



**Association of Rehabilitation Nurses (ARN)  
Corporate Council Application**

ARN **Corporate Council Membership (CCM)** is available to organizations that support the goals and mission of ARN and provide products or services used in the area of rehabilitation. Membership is for one year. This is a nonvoting membership with benefits extended to a single corporate-designated representative.

ARN Corporate Council is available at these levels:

**Corporate Level \$5,000**  **Executive Level \$15,000**  **Premier Level \$20,000**

Organization: \_\_\_\_\_

Designated representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website address (URL): \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Description:** Please e-mail a 50-word description of your organization and a corporate logo (.PDF and .EPS version) to be used in ARN's publications and on its website to [snauss@rehabnurse.org](mailto:snauss@rehabnurse.org)

**Payment (in U.S. funds only):** Check payable to the **Association of Rehabilitation Nurses (ARN)**. Membership dues are not deductible as a charitable contribution or for tax purposes.

Check # \_\_\_\_\_

Credit Card Info (a 3% service charge will be added to the total for credit card payments)

CC Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Email application:**  
Sonia Nauss, ARN Industry  
Relations Manager  
[snauss@rehabnurse.org](mailto:snauss@rehabnurse.org)

**Mail Check to:**  
**Association of Rehabilitation Nurses (ARN)**  
PO Box 88019, Chicago, IL 60680-8019