

Name \_\_\_\_\_ Credentials (e.g., BSN RN CRRN®) \_\_\_\_\_

Title \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Preferred Mailing Address**  Business  Home

(Please check one box to indicate where you prefer to receive your mail.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Telephone  Business  Home

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

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

Recruited by \_\_\_\_\_

Please include my  Business  Home contact information in the ARN member directory.

**Please accept my application to join in the following category:**

**Voting member (RN)** **\$ 130**  
This membership is available to registered nurses concerned with or involved in the practice of rehabilitation nursing.

**Nonvoting member** **\$ 130**  
This membership is available to members of other healthcare disciplines and other interested individuals. Nonvoting members receive all member benefits but may not vote or hold office.

**Corporate or facility supporter** **\$ 3,000**  
These are special nonvoting memberships open to companies and facilities that support the goals and mission of ARN. These members receive preferential exhibit booth placement and special recognition at the ARN conference. Membership is extended to a single organizational designee who receives one full registration for the ARN conference, a subscription to *Rehabilitation Nursing* and *ARN Network*, and reduced fees on ARN mailing labels, programs, and products.

**Chapter membership** **\$ \_\_\_\_\_**  
ARN membership is a prerequisite for chapter membership. Check the ARN website, [www.rehabnurse.org](http://www.rehabnurse.org), for a list of chapters and fees.

Chapter name \_\_\_\_\_

Dues subject to change without notice. **TOTAL \$ \_\_\_\_\_**

**Primary position (choose one)**

- Academic Educator
- Community or Home Health
- Case Manager (Inside Facility)
- Case Manager (Outside Facility)
- Clinical Nurse Specialist
- Consultant
- Full-Time Student
- Insurance-Related Nurse Consultant
- Nursing Administration
- Nurse Clinician
- Nurse Liaison
- Nurse Manager
- Nurse Practitioner
- Other
- Researcher
- Retired
- Staff Development Director
- Staff Nurse or Primary Nurse
- Unemployed

**Highest degree earned (choose one)**

- Associate in Nursing
- Associate in Another Field
- Baccalaureate in Nursing
- Baccalaureate in Another Field
- Diploma
- Doctorate in Nursing
- Doctorate in Another Field
- LPN/LVN
- Master's in Nursing
- Master's in Another Field
- None of the above

**Years of experience in rehabilitation nursing (choose one)**

- Less than 1 year
- 1–3 Years
- 4–6 Years
- 7–10 Years
- 11–15 Years
- 16–20 Years
- More than 20 Years

**Primary work setting (choose one)**

- Dept of VA Medical Center
- Educational Institution
- Freestanding Rehab Facility
- Full-Time Student
- Home Health Agency
- Hosp/Med Ctr without Rehab Unit
- Hosp/Med Ctr with Rehab Center
- Insurance Company
- Long-Term Care Facility
- Not Currently Employed
- Other
- Private Comp/Private Practice
- State Agency
- Subacute Facility

**Are you involved in rehabilitation nursing research activities?**

Yes  No

**Primary specialty**

- Arthritis/Rheumatic Disorders
- Burns
- Cardiac
- General Rehabilitation
- Head Injury
- Musculoskeletal
- Neurology
- Oncology
- Other
- Pain
- Pulmonary
- Spinal Cord Injury
- Stroke

**Are you a member of the American Nurses Association (ANA) or state nurses' association?**

Yes  No

**Age**

- 20–24
- 25–29
- 30–34
- 35–39
- 40–44
- 45–49
- 50–54
- 55–59
- 60+

**Race/ethnicity (optional)**

- Alaska Native
- American Indian
- Asian
- Black/African American
- Hispanic/Latino
- Other
- White/Non-Hispanic

**Gender**

Male  Female

**Please indicate which two special interest groups you would like to join.**

- Administrative/Management
- Admissions Liaison
- Advanced Practice Nurses
- Case Mgmt/Insurance/Consulting
- Educators
- Gerontology
- Home Health Care
- Pain
- Pediatrics
- Researchers
- Staff Nurse
- Subacute
- VA/Department of Defense

**How did you hear about ARN?**

- Brochure
- Chapter Meeting
- Employer
- Internet
- Peer or Coworker
- Other (specify) \_\_\_\_\_

Note: Occasionally, ARN rents its membership list to agencies and companies whose products or services may be of interest to rehabilitation nurses. Please indicate below if you do not wish to have your name provided as part of ARN's rented mailing list.

I do not want my name provided as part of ARN's mailing list.  I do not want my name to appear in the ARN online membership directory.

**Payment Information**  Check\*  MasterCard\*\*  VISA\*\*  American Express\*\*

Account number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Membership dues are not deductible as a charitable contribution. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

\* Make check payable (in U.S. funds only) to Association of Rehabilitation Nurses. A charge of \$25 will apply to checks returned for insufficient funds.

\*\* If rebilling of a credit card is necessary, a \$25 processing fee will be charged.