



**American Association
for the
History of Nursing, Inc.**

Membership year: January 1st -December 31st

Membership Application

www.aahn.org aahn@aahn.org

Encouraged to join by: _____

Name: Dr./ Mrs. / Mr. / Ms. _____

Title/Postion: _____ Credentials: _____

Institutional Affiliation: _____

Mailing address: Home Business

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone number: _____ Office phone number: _____

Fax number: _____ E-mail: _____

A. Membership Dues Schedule: Membership category descriptions may be found on the back.

- | | | |
|---|--|--|
| <input type="checkbox"/> \$179 Regular 1 year | <input type="checkbox"/> \$85 Student 1 year | <input type="checkbox"/> \$85 Retired 1 year |
| <input type="checkbox"/> \$333 Regular 2 years | <input type="checkbox"/> \$162 Student 2 years | <input type="checkbox"/> \$162 Retired 2 years |
| <input type="checkbox"/> \$487 Regular 3 years | <input type="checkbox"/> \$234 Student 3 years | <input type="checkbox"/> \$234 Retired 3 years |
| <input type="checkbox"/> \$289 Supporting 1 year | <input type="checkbox"/> \$179 Agency 1 year | <input type="checkbox"/> \$550 Institutional 1 year |
| <input type="checkbox"/> \$555 Supporting 2 years | <input type="checkbox"/> \$333 Agency 2 years | <input type="checkbox"/> \$1,075 Institutional 2 years |
| <input type="checkbox"/> \$817 Supporting 3 years | <input type="checkbox"/> \$487 Agency 3 years | <input type="checkbox"/> \$1,600 Institutional 3 years |

(Please provide three additional names.)

MEMBERSHIP SUBTOTAL: _____

B. CONTRIBUTION:

To ensure the ongoing support of **nursing history research** we invite you to make a contribution to one of the AAHN Funds.

- | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|
| General Fund | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$_____ |
| Research Endowment Fund | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$_____ |
| Eleanor Herrmann Lecture Fund | <input type="checkbox"/> \$30 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$_____ |

Contribution SubTotal: _____

TOTAL: _____

PAYMENT INFORMATION:	
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card Number: _____	Exp. Date: _____
Name on Card: _____	CVV Code: _____
Signature: _____	
Return this form with your payment. Checks or money orders (in U.S dollars) payable to AAHN.	

Please MAIL
your application form to the
address below:

**AAHN
P.O. Box 7
Mullica Hill, NJ 08062
Tel: 609-519-9689**

Please Indicate Your Historical Research Interest Categories on the next page.

Historical Research Interest Categories

(Please Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Biography | <input type="checkbox"/> History of Nursing in Religious Orders |
| <input type="checkbox"/> Historical Research Methodology | <input type="checkbox"/> History of Nursing Internationally |
| <input type="checkbox"/> History of Nursing with Focus on Class | <input type="checkbox"/> History of Nursing Organizations |
| <input type="checkbox"/> History of Nursing Education | <input type="checkbox"/> History of Nursing Policy |
| <input type="checkbox"/> History of Nursing Ethics | <input type="checkbox"/> History of Nursing Practice |
| <input type="checkbox"/> History of Nursing with Focus on Gender | <input type="checkbox"/> History of Nursing with Focus on Race/Ethnicity |
| <input type="checkbox"/> History of Nursing in Disasters/Infections | <input type="checkbox"/> History of Nursing with Focus on Spirituality |
| <input type="checkbox"/> History of Nursing in Local/Regional Areas | <input type="checkbox"/> History of Nursing Theory |
| <input type="checkbox"/> History of Nursing in Military | <input type="checkbox"/> Teaching History of Nursing |

Membership Information

Becoming a member of AAHN provides you with a spectrum of opportunities to both enrich your professional life and contribute to the field of nursing history. Members receive a discounted rate for the annual conference and purchasing items from the Shop. Membership includes the annual journal, *The Nursing History Review* (now also available online) and the semi-annual, *AAHN Bulletin*. At the annual meeting members have the opportunity to meet and discuss historical interests with other nursing history researchers.

Regular Member – Individuals interested in the purposes and work of the association. Membership includes full voting privileges, all newsletters and notices, right to hold office and/or serve on committees and inclusion in searchable online Membership Directory. – Dues \$179.00 (If you would like to donate an additional \$110.00 in addition to the regular member fee, you will be listed as a **Supporting Member**.)

Student – Full-time students with an interest in the purposes and work of the association. Membership includes, all newsletters and notices, and inclusion in searchable online Membership Directory. – Dues \$85.00

Retired Members – Individuals who have been members of the Association and have retired from professional employment. Membership includes, all newsletters and notices, and inclusion in online searchable Membership Directory – Dues \$85.00

Agency Member – Agencies, organizations, or corporations, with an interest in the purposes and work of the association. Membership includes all newsletters and notices and inclusion in online searchable Membership Directory. – Dues \$179.00

Institutional Member - History centers, schools and departments of nursing, or any agency, organization or corporation with an interest in joining AAHN. Membership includes full member benefits and privileges for four representatives, member rate to all of your staff to attend the Annual Conference and discounted exhibitor space, and recognition on the AAHN website homepage Please visit the website for a full description of the benefits. - Dues \$550.00

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Phone: 609-519-9689
www.AAHN.org