



Orange County Chapter of the
AMERICAN *Holistic Nurses* ASSOCIATION

All are welcome!

Contact information is transferred directly into the AHNA Member Directory. Please indicate below if you do not wish to be included in the directory.

- NEW MEMBER: New members receive a packet with information about the AHNA and member benefits
- RENEWAL: Renewing members receive an e-mail confirming payment within 2 weeks

First Name _____ MI ____ Last Name _____

Credentials (initials only) _____

Address _____

City _____ State _____ Zip _____ Country _____

Home/Cell Phone _____ Work Phone _____

Fax Number _____ E-Mail _____

Private Practice Name:

Name of person who referred you?

Private Practice: _____

Website: _____

Where did you get your membership application?

Main Area of Employment

- Private individual practice
- Academic/Ed. Institution
- Hospital/Clinic/Group Practice
- Home Care/Hospice
- Retired
- Other _____

Member Category & Annual Dues (please check one)

- Standard** \$ 125 Open to all who would like to join the AHNA.
- Senior**** \$ 75 Birth date ____ / ____ / ____ Open to all those over the age of 62.
- Full-time Student**** \$ 55 Must provide an official's signature or download a Student Verification Letter from the AHNA web site: www.ahna.org
- Part-time Student**** \$ 80 Must provide an official's signature or download a Student Verification Letter from the AHNA web site: www.ahna.org
- New Graduate**** \$ 85 Open to all who have been certified or graduated within the past 12 months.
- International** \$ 135 Open to non-US residents all over the world! Additional fees are for shipping costs.

** Memberships do not include subscription to the *Journal of Holistic Nursing*

Please indicate professional training and associations:

Education completed:

Certifications:

Professional Associations:

Do you want to receive mailings pertinent to holistic health? yes no

Do you want to be included in the AHNA Member Directory? (available to members only) yes no

Do you want to receive e-mail "News from the AHNA"? yes no

Continued, reverse

PAYMENT

Membership

Membership fee \$ _____

Products

	Qty	Amt	Total
AHNA/ANA Scope and Standards book, 2 nd Edition	_____	\$25	\$ _____
AHNA Member Window Decal (adhesive on face, 4 inch round)	_____	\$4	\$ _____
AHNA lapel pin	_____	\$9	\$ _____
Bookmarks: Nurture the Nurse from A to Z (pack of 20)	_____	\$5	\$ _____
Holistic Nursing DVD (Classic AHNA video, now on DVD, 15 minutes)	_____	\$5	\$ _____

Shipping prices are based upon the value of your products order.

<u>Order value</u>	<u>Shipping Price</u>	
up to \$5	\$1.50	
\$5 to \$10	\$2.00	
\$10 to \$20	\$3.00	
For every \$20 and over add	\$5.00	
(Exp: \$40 Total Product Bill add \$10 Shipping)		Shipping Fee \$ _____

Services

Online Practitioner Directory listing - first year			
Download application on www.ahna.org	_____	\$65	\$ _____
Online Practitioner Directory listing - renewal			
Download application on www.ahna.org	_____	\$50	\$ _____

Contribute to AHNA!

I am delighted to put my money where our mission is! I'd like to help the AHNA unite nurses in healing with my tax-deductible donation.

\$10 \$25 \$50 \$100 \$200 \$500 \$1000 \$5000 Other \$ _____

I do not wish to be acknowledged in AHNA publications (for donations over \$50)

TOTAL \$ _____

CHECK OR MONEY ORDER

Please make checks payable to: **American Holistic Nurses Association**. Outside the U.S., send International Money Order or Cashier's Check in U.S. funds only.

CHARGE

MasterCard Visa Am. Express Discover Card

Credit Card # _____ CVV# _____ Exp. Date _____

Name on Card (please print) _____

Signature _____

Billing address (if different from above) _____

Please send this form to OCC AHNA
503 Via Deseo
San Clemente CA 92672
(949)646-8426
membership@occahna.sonialuckey.com