



AACN Leadership Networks Enrollment/Renewal Form

Thank you for expressing an interest in joining or renewing your membership in an AACN Leadership Network, please enter the ***name*** and ***email address*** of each individual below.

Organizational Leadership Network (OLN)

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Instructional Leadership Network (ILN)

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Research Leadership Network (RLN)

Name:	Email:
Name:	Email:

Practice Leadership Network (PLN)

Name:	Email:
Name:	Email:

Business Officers of Nursing Schools Network (BONUS)

Name:	Email:
Name:	Email:

Nursing Advancement Professionals Network (NAP)

Name:	Email:
Name:	Email:

Graduate Nursing Admissions Professionals Network (GNAP)

Name:	Email:
Name:	Email:

Payment Summary

Deans or directors of nursing programs at AACN member schools designate which faculty and staff may participate in the Networks. The annual (July 1, 2009 – June 30, 2010) membership fee is \$100 per person per Network. Please note that faculty and staff may participate in multiple Networks, and schools may send more than one representative to each Network.

Total # renewals and enrollments in the Leadership Networks ___ x \$100 = _____

Total Payment Enclosed: _____

To pay by check

Please mail your check along with this completed form to

American Association of Colleges of Nursing
Department 178
Washington, DC 20055-0178

To pay by credit card

Please fax your credit card information to (202) 463-1315

Master Card _____ Visa _____
Credit Card # _____ Ex Date _____
Signature _____ Amount _____

Please direct questions about the AACN Leadership Networks to Beth Aronson, at baronson@aacn.nche.edu or 202-463-6930.