



## AACN TCC MEMBER APPLICATION 2016-2017

**\*\*MUST BE A NATIONAL MEMBER TO JOIN AS A LOCAL MEMBER\*\***

**PLEASE COMPLETE ENTIRE APPLICATION AND PRINT CLEARLY**

NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOME/CELL/WORK

EMAIL ADDRESS: \_\_\_\_\_

HOSPITAL AFFILIATION: \_\_\_\_\_

DEPT: \_\_\_\_\_

NATIONAL AACN MEMBERSHIP #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

BEST DAY TO ATTEND MEETING: \_\_\_\_\_

TCC MEMBERSHIP: JULY 1<sup>ST</sup>, 2016 THRU JUNE 30, 2017

TCC ANNUAL DUES: \$25.00

Return this form completed with payment to:

Sara Smith - Secretary: [Sraelizabethsemail@gmail.com](mailto:Sraelizabethsemail@gmail.com)

Stephanie Shum - Treasurer: [Stephanie.shum@martinhealth.org](mailto:Stephanie.shum@martinhealth.org)

Nicole Pacheco - President; [Nicole.pacheco@martinhealth.org](mailto:Nicole.pacheco@martinhealth.org)

For questions please email us at [AACN.treasurecoastchapter@gmail.com](mailto:AACN.treasurecoastchapter@gmail.com)

OR mail to AACN/Treasure Coast Chapter: PO Box 1408, Stuart, Florida 34997

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