



ASTNA PROGRAM/GROUP MEMBERSHIP VOUCHER ORDER FORM

- **A minimum order of 10 membership vouchers** must be purchased at the same time with a single method of payment in order to receive the discount.
- Full check or credit card payment must accompany this completed form in order to receive the discount.
- Membership vouchers may be purchased for NEW or RENEWING members.
- Membership vouchers will be mailed to the individual placing the order at the address indicated below. These vouchers should be distributed to the recipients so they may activate their memberships via fax, mail or email.

MEMBERSHIP TYPE	REGULAR PRICE	DISCOUNT PRICE	COST CALCULATION
Active Memberships-One Year (any U.S. licensed RN)	\$99 per year	\$89 per year	\$89 X ____ memberships = \$ _____
Active Memberships-Three Year (any U.S. licensed RN)	\$277 per three years	\$249 per three years	\$249 X ____ memberships = \$ _____
Active Memberships-Five Year (any U.S. licensed RN)	\$445 per five years	\$400 per five years	\$400 X ____ memberships = \$ _____
Active Memberships-Lifetime (any U.S. licensed RN)	\$1000 once	\$900 once	\$900 X ____ memberships = \$ _____
Affiliate Memberships (non-nurse transport personnel)	\$94 per year	\$84 per year	\$84 X ____ memberships = \$ _____
Military Memberships (non-nurse transport personnel)	\$85 per year	\$76 per year	\$76 X ____ memberships = \$ _____
International Memberships (Any non U.S. licensed RN)	\$124 per year	\$111 per year	\$111 X ____ memberships = \$ _____
TOTAL COST OF MEMBERSHIP VOUCHERS ORDERED (All prices are based on U.S. Dollars)			= \$ _____

Ship Vouchers to:

Name _____

Address _____

City/State/Zip _____

Phone: _____

Email _____

Credit Card Information

CC# _____ Exp _____ Visa MasterCard (**Only**)

or

Check # _____

Air & Surface Transport Nurses Association
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 Aurora, CO 80012
 Fax: (800) 937-9890 Phone: (303) 344-0457
 Email: astna@astna.org Website: www.astna.org
 Annual membership dues includes a one year
 subscription to the Air Medical Journal

For Office use Only Paid: _____ VOUCHER ID : _____