




American Association
of Spinal Cord
Injury Nurses

Membership Application

75-20 Astoria Boulevard
Jackson Heights, NY 11370-1177
(718) 803-3782
www.aascin.org

AASCIN is supported by  **United Spinal
Association**





Nursing management of individuals with spinal cord impairment (SCI) is an expanding field, which encompasses many components of specialized care. Nurses who care for individuals with SCI have long recognized the need to engage in a professional exchange of ideas and experiences from which the individual with SCI can ultimately benefit.

American Association of Spinal Cord Injury Nurses (AASCIN) was established in 1983 in response to the need for professional SCI information exchange and continuing education. The purposes of the Association are to promote and advance nursing care of individuals with SCI through education, research, and networking.

AASCIN is recognized and certified by the Internal Revenue Service as an organization meeting the requirements of a 501 (c)(3) organization. Contributions or donations to the Association are tax-deductible.

THE ASSOCIATION:

- ★ Convenes an annual educational conference
- ★ Provides opportunities to network with colleagues and other SCI professionals
- ★ Provides access to on-line journal, *SCI Nursing*
- ★ Publishes a membership directory
- ★ Develops educational material to enhance practice skills
- ★ Recognizes and awards outstanding nurses

Membership is limited to duly licensed nurses residing in the United States or Canada.

ACTIVE MEMBERS shall be duly registered nurses, licensed practical nurses, or licensed vocational nurses who can document that a significant portion of their practice is in SCI nursing; direct patient care, teaching, research, or administration.

ASSOCIATE MEMBERS shall be persons who are duly registered nurses, licensed practical nurses, or licensed vocational nurses who are involved or interested in the field of SCI nursing care.

INSTRUCTIONS

TO APPLICANTS

- ★ Complete the application in full. Type or write clearly.
- ★ Be specific about your involvement in SCI. Supporting documentation may be submitted with your application.
- ★ Adequate information must be provided to substantiate professional responsibilities and activities. Incomplete applications or applications with insufficient information may affect your membership classification.
- ★ When listing a person who can verify your involvement in SCI, make sure that the person is aware of the endorsement and is accessible by telephone. Inability to contact a verifying source may affect your membership classification.
- ★ The membership year is January 1 to December 31. Persons who join between January 1 and September 30 are paid members until December 31 of that year. Persons who join between October 1 and December 31 are paid members until December 31 of the subsequent year.
- ★ Annual membership dues: \$115 (U.S. dollars)
- ★ Membership Certificate: \$30 additional
- ★ Make check or money order payable to AASCIN.
- ★ A check not clearing the bank or unable to be deposited for any reason and returned to the Association will incur an administrative fee of \$40.
- ★ Mail completed application and payment to:

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FOR OFFICE USE	
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> DUES (\$115)
<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> CERTIFICATE (\$30)
	<input type="checkbox"/> CONTRIBUTION _____
TOTAL RECEIVED	\$ <input type="text"/>
SIGNATURE _____	DATE _____

PLEASE TYPE OR PRINT CLEARLY

NAME _____
LAST FIRST MIDDLE

E-MAIL ADDRESS _____

CURRENT POSITION AND TITLE _____

DEPARTMENT _____

PLACE OF EMPLOYMENT _____

WORK ADDRESS _____

STREET

CITY

STATE

ZIP

HOME ADDRESS _____

STREET

CITY

STATE

ZIP

HOME PHONE () _____ BUSINESS PHONE () _____

FAX NUMBER () _____

LICENSURE RN LPN LVN MAIL PREFERENCE HOME BUSINESS

HIGHEST DEGREE COMPLETED (CHECK APPROPRIATE BOX)

Diploma:
 Associate's Degree: AD
 Bachelor's Degree: BSN BA BS Other (specify): _____
 Master's Degree: MSN MA MS Other (specify): _____
 Doctorate Degree: DNSc PhD EdD Other (specify): _____

PRESENT POSITION HELD (CHOOSE ONE)

- Staff Nurse
- Nursing Administrator/Supervisor
- Researcher
- Educator
- Clinical Nurse Specialist/Nurse Practitioner
- Community Based/Insurance/Case Manager
- Not Employed/Retired
- Other (specify) _____

DO NOT SUBMIT BY FAX

NURSING SPECIALTY IN SCI (CHOOSE ONE)

- Critical Care
- Acute Care/Rehabilitation
- Community Based Practice
- Long Term Care
- Other (Specify) _____

WORK SETTING

ARE YOU CURRENTLY WORKING AT A VA HEALTHCARE FACILITY? Yes No

DESCRIBE YOUR SCI RESPONSIBILITY AS IT RELATES TO CLINICAL, TEACHING, RESEARCH, AND OTHER SIGNIFICANT CONTRIBUTIONS TO SCI NURSING. INDICATE THE PERCENTAGE OF YOUR SCI CASELOAD.

DO YOU DEVOTE A MAJOR PORTION OF YOUR PROFESSIONAL TIME TO THE ABOVE SCI-RELATED ACTIVITIES? Yes No

PERCENTAGE OF TIME DEVOTED TO ABOVE ACTIVITIES _____

PERSON WHO CAN VERIFY INVOLVEMENT IN CARE OF PATIENTS WITH SCI:

NAME _____

POSITION/TITLE _____

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE () _____

DATE _____

PLEASE RETURN THIS FORM WITH DUES PAYMENT

