



Northern New Jersey Chapter of the
American Association of Critical-Care Nurses

NNJ-AACN Vision:

NNJ-AACN is committed to creating an environment that supports and assists the critical care and the acute care nurse in meeting patient and family needs within a changing healthcare delivery system.

All NNJ-AACN members must be members of National AACN. Please include your National AACN number on your NNJ-AACN membership application.

Contact the chapter voice mail at (973) 905-7205

or email at nnj.info@aacn.org

if you have any questions.

Northern New Jersey Chapter AACN

Membership Application

Please print clearly.

National AACN membership is *required* for membership in NNJ-AACN.

Name: _____

Address: _____

e-Mail: _____

Home Phone: () _____

Employer: _____

Position: _____

Unit: _____

Highest Nursing Education Level: _____

National AACN #/Exp.Date: _____

CCRN?: NO YES--#/Exp.Date: _____

Referred by: _____

Please enclose your check or money order for \$25.00 (one year membership) payable to:

NNJ-AACN

Return completed application to:

NNJ-AACN Membership Coordinator

P.O. Box 1882

South Hackensack, NJ 07606