



**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
<b>Active</b> Memberships-One Year (any U.S. licensed RN)	\$90 per year	\$81 per year	\$81 X ____ memberships = \$ _____
<b>Active</b> Memberships-Three Year (any U.S. licensed RN)	\$250 per three years	\$225 per three years	\$225 X ____ memberships = \$ _____
<b>Active</b> Memberships-Five Year (any U.S. licensed RN)	\$400 per five years	\$360 per five years	\$360 X ____ memberships = \$ _____
<b>Active</b> Memberships-Lifetime (any U.S. licensed RN)	\$1000 once	\$900 once	\$900 X ____ memberships = \$ _____
<b>Affiliate</b> Memberships (non-nurse transport personnel)	\$85 per year	\$77 per year	\$77 X ____ memberships = \$ _____
<b>Military</b> Memberships (non-nurse transport personnel)	\$75 per year	\$68 per year	\$68 X ____ memberships = \$ _____
<b>International</b> Memberships (Any non U.S. licensed RN)	\$115 per year	\$104 per year	\$104 X ____ memberships = \$ _____
<b>TOTAL COST OF MEMBERSHIP VOUCHERS ORDERED</b> (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**  
**7995 East Prentice Avenue, Suite 100**  
**Greenwood Village, CO 80111**  
**Fax: (303) 770-1614 Phone: (800) 897-6362**  
**Email: [astna@gwami.com](mailto:astna@gwami.com) Website: [www.astna.org](http://www.astna.org)**  
 Annual membership dues includes a one year  
 subscription to the Air Medical Journal

*For Office use Only* Paid: \_\_\_\_\_ VOUCHER ID : \_\_\_\_\_