



**Association of Rehabilitation Nurses (ARN)
Corporate Council Application**

ARN **Corporate Council Membership (CCM)** is available to organizations that support the goals and mission of ARN and provide products or services used in the area of rehabilitation. Membership is for one year. This is a nonvoting membership with benefits extended to a single corporate-designated representative.

ARN Corporate Council is available at these levels:

Corporate Level \$5,000 **Executive Level \$15,000** **Premier Level \$20,000**

Organization: _____

Designated representative: _____

Title: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

E-mail address: _____

Website address (URL): _____

Submitted by: _____ Date: _____

Description: Please e-mail a 50-word description of your organization and a corporate logo (.PDF and .EPS version) to be used in ARN's publications and on its website to mmartin@rehabnurse.org

Payment (in U.S. funds only): Check payable to the **Association of Rehabilitation Nurses (ARN)**. Membership dues are not deductible as a charitable contribution or for tax purposes.

Check # _____

Credit Card Info (a 3% service charge will be added to the total for credit card payments)

CC Number: _____

Signature: _____ Exp. Date: _____

Email application:
Mickey Martin, ARN Professional
Relations Manager
mmartin@rehabnurse.org

Mail Check and application to:
Association of Rehabilitation Nurses (ARN)
PO Box 3781 • Oak Brook, IL, USA 60522.