

ARN Industry Relations Council Application

The **ARN Industry Relations Council Memberships** are available to organizations that support the goals and mission of ARN and provide products or services used in the area of rehabilitation nursing. Membership is for annual, spanning a 12 month period beginning the date the application is accepted. This application is also available online at www.rehabnurse.org under the corporate support tab.

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 cschroll@connect2amc.com

Industry Relations Council Participation dues are not deductible as a charitable contribution or for tax purposes. Industry Relations Council dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information



Email/Fax or Mail application and payment to:

Association of Rehabilitation Nurses (ARN)
Chris Schroll
Professional Relations
8735 W. Higgins Road, Suite 300 Chicago,
IL 60631

P: 847-375-3661 | F: 888-374-7259 | cschroll@connect2amc.com

Please indicate which level you wish to participate in: **Corporate Supporter \$3,000** **Executive \$15,000**

Payment (in U.S. funds only): Check payable to the ARN. Membership dues are not deductible as a charitable contribution or for tax purposes. Membership dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

Check #: _____

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

MasterCard Visa American Express Discover

CC Number: _____ Exp. Date: _____

Signature: _____