



**OPT IN  
TODAY!**



## Choose to auto-renew your membership!

### **ARN offers a convenient auto-renewal payment option.**

In response to requests for an easier dues-renewal process, ARN is offering members the ability to renew their annual membership automatically.

This will save you time, safeguard your information, and eliminate interruptions to your member benefits.

### **How to Participate**

When you submit your payment plan option form (on reverse) via fax or mail, ARN will register you for an easy-pay renewal plan to automatically renew your membership each year using the credit card information you provide. As long as you remain eligible for membership, ARN will

- renew your membership annually until you request otherwise
- charge the card that you indicate on the form annually
- contact you if your credit card has expired or if any difficulties are encountered during processing.

This new payment option currently requires manual sign-up, but a Web-based process is coming soon. We are excited about this new service and hope you take advantage of the convenience.

[www.rehabnurse.org](http://www.rehabnurse.org)



# Automatic Membership Renewal Form

To enjoy the convenience of automatic renewal, follow these easy steps!

## Step 1: Provide your contact information.

Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

## Step 2: Choose an option for auto-renew payment.

Select a dues category below to be automatically charged to your credit/debit card.

**Membership** **Annual Dues**

Nurse / RN / Voting Membership . . . . . \$130

Affiliate / Non-RN / Non-Voting Membership. . . . . \$120

### Chapter Membership

I belong to the \_\_\_\_\_ chapter. Chapter dues amount: \$ \_\_\_\_\_

(You may refer to your invoice for your chapter dues amount.)

## Card Type

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder's Name (Please print.): \_\_\_\_\_ Signature: \_\_\_\_\_

## Step 3: Understand and agree to the terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, you agree to renew your ARN membership for an entire year and to allow ARN to charge your credit card as noted above. ARN will continue to renew your membership each year at the prevailing dues rate until you request otherwise. You are welcome to opt out by contacting ARN headquarters at info@rehabnurse.org or 800.229.7530. (Please do not e-mail your credit card information.) You will be notified 30 days prior to your next annual renewal date by e-mail that your card will be charged. Please note that no refunds can be made once the card is charged.

## Step 4: Send us this completed form.

Please fax or mail this completed form to:

ARN | PO Box 3781 | Oak Brook, IL 60522

847.375.6481 FAX