



MEMBERSHIP APPLICATION

New  Re-New

Membership Category (choose one):

Full Member • \$200

A full member is a registered nurse who

Holds an organizational role in administration/management and is accountable for strategic, operational, and/or management outcomes in a healthcare delivery setting; aspires to a nursing management/administration position; is faculty in a graduate or undergraduate nursing program, including deans and directors; serves as a consultant in patient care administration/management practice; is employed in a professional association, regulatory agency and/or accreditation healthcare organization; or serves as editor of a professional nursing publication.

Associate Member • \$75

An associate member is a registered nurse who is a student in a relevant degree program with a career path in nursing leadership and is not working. An associate member may attend ONL NJ business and educational meetings, but may not vote or hold office.

Retired Member • \$125

Any ONL NJ Full member who is retired from the professional practice of nursing and is not working in a healthcare related field, and has maintained ONL NJ membership for a minimum of one year and who would not otherwise be eligible for continuing membership in ONL NJ. A Retired member shall be entitled to all rights and privileges of a Full member with the exception of holding office.

Affiliate Member • \$200

An affiliate member is an individual who is not a registered nurse. An affiliate member may be a non-nurse professional or any healthcare consumer member of the corporate or political community who is interested in working towards advancement of a healthcare system driven by the needs of patients. An affiliate member may attend business and educational meetings, but may not vote or hold office. The affiliate members' purposes, goals and initiatives must be consistent with and supportive of ONL NJ purposes, goals and initiatives. An Affiliate Member must be sponsored by a Full Member, and the application must be approved by the Board of Directors.

Please print or type (please fill in ALL requested information):

Name & Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

Type:  Acute Care  Long Term Care  Home Health  Education  Other, Describe:

Institution Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_ Email (required): \_\_\_\_\_

Are you a current member of the American Organization of Nurse Executives?  Yes  No

Level of Education:  Diploma  Associate Degree  Baccalaureate  Masters  Doctorate

I prefer to receive ONL NJ mail at:  Home  Institution

Method of Payment:  Check  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Please enclose payment with this application. Make check payable to: ONL NJ, Inc., PO Box 6066, Bellmawr, NJ 08099  
NOTE: Approximately 10% of your membership dues are used for political and lobbying activities.