

I hereby make application for membership in the Oklahoma Organization of Nurse Executives as a(n):

Full Member _____

Honorary Member _____

Please Print or Type

Name: _____

Job Title: _____

Organization: _____ Phone: _____ Email: _____

Mailing Address: _____

Home Address: _____

Home Phone: _____ Email: _____

Member Category (please circle one):

Administrative/Management Faculty Consultant Allied Associate Editor Business Owner

Education:

Basic Nursing Preparation: _____
(School of Nursing) (Diploma/Degree) (Year)

(City) (State) (Zip)

Other Professional Education: _____
(School) (Degree Received) (Major) (Year)

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Current Student Enrollment: _____
(School Attending) (Major) (Projected Date of Graduation)

Licensure as Registered Nurse: _____
(State)

Professional Certification: _____

Awards/Honors: _____

Member of American Organization of Nurse Executives: Yes _____ No _____

Member of other nursing organizations (please list) _____

Full member- administrator / manager in healthcare organization or system; faculty teaching BSN/MSN leadership; management / administrative consultants; employees of Allied Hospital Associations or JCAHO; editor of professional nursing journal; and owner / operator healthcare – related business.

Honorary member- member in good standing at time of retirement.

Annual membership dues of \$40 will be billed upon approval of membership.