



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

Full Member \_\_\_\_\_

Associate Member \_\_\_\_\_

Honorary Member \_\_\_\_\_

**Please Print of Type**

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

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

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Local Newspaper: \_\_\_\_\_ Address: \_\_\_\_\_

**Member Category (please circle one):**

Administrative/Management Faculty Consultant Allied Associate Editor Business Owner Student

**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.

Associate member-graduate student in an administration / management pathway.

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

***Annual membership dues of \$30 will be billed upon approval of membership.***