



2015 MEMBERSHIP APPLICATION

Name: _____
Last First MI Credentials

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Agency Phone #: (____) _____

An e-mail address is required for effective communications with you.

Home Email Address: _____

Agency Email Address: _____

Current Position: _____

Chief Nursing Officer Nurse Manager Director Faculty Other _____

Are you a member of AONE? Yes No

Indicate Preferred Chapter: 1 - Central NY ONE 3 - Greater NY/
Nassau Suffolk ONE 5 - Northeast ONE
 2 - Finger Lakes ONE 4 - NorMet ONE 6 - Western NY ONE

Select Renewal Option

1-Year Regular- \$125 2-Year Regular- \$225 1-Year Retired- \$62.50 1-Year Full-Time Student- \$62.50

Card Type (circle): **MasterCard** **VISA** **American Express**

Card Number: _____

Expiration Date: _____

Printed Cardholder's Name: _____

Name as it appears on Card: _____

Cardholder's Billing Address (street, town, zip) _____

CVV # (3-4 digits found in the signature bar on the back of card): _____

Cardholder's Signature: _____

*****IF PAYING BY CHECK OR CREDIT CARD, PLEASE MAIL TO NYONEL, ONE EMPIRE DRIVE, RENSSELAER, NY 12144, OR FAX TO 518-431-7915 ATTENTION: SHARI MILLER**

PLEASE NOTE: Dues payment of \$125 includes membership for both NYONEL and your regional ONE. **ALSO:** NYONEL does engage in activities to influence public policy and, therefore, under IRS regulations up to 10% of membership dues are not deductible for tax purposes.