

GROUP MEMBERSHIP APPLICATION

Group is defined as all members having the same mailing address (such as a single facility). All applicants must be new to NAON to receive this discount. Application must be filled out in full by each applicant.

APPLICANT INFORMATION

Group Name:

New Member Name:

Credentials

Group Mailing Address:

City:

State:

Zip Code:

Home Mailing Address:

City

State

Zip

Home Phone:

Work Phone:

Email:

CHAPTER STATUS- WOULD YOU LIKE TO BELONG TO A LOCAL CHAPTER?

Yes, chapter #:

No, Member At Large:

WHAT IS YOUR PROFESSIONAL STATUS? - PLEASE CHECK ALL THAT APPLY

RN___ BSN___ MSN___ APN___ LPN___ LVN___ Student___ Other(s):___

HOW MANY YEARS HAVE YOU BEEN IN THE NURSING PROFESSION? - CHECK ONE

1-5___ 6-10___ 11-20___ 21 or more___ Student___

HOW WOULD YOU CLASSIFY YOUR PLACE OF EMPLOYMENT? - CHECK ONE

Hospital___ Physician___ Industry/Corporation___ Nursing School/Educational Institution___ Government (non-hospital)___

Self Employed___ Nursing Home___ Home Health___ Not Employed___ Other___

WHAT IS YOUR PRIMARY PROFESSIONAL POSITION? - CHECK ONE

Staff Nurse___ Head Nurse/Supervisor___ OR Nurse___ Clinical Specialist___
Instructor/Educator___ Administrator___ RN First Assistant___ Case Manager___ Nurse Practitioner___ Physician___
Assistant-Nurse or Physician___ Therapist-Occupational or Physical___ Technician___ Other___

WHAT IS YOUR PRIMARY AREA OF PRACTICE? - CHECK ONE

Spine___ Neurology___ OR___ Trauma___ Pediatrics___ Gerontology___ Home Care___ Sports Medicine___ Total Joint Replacement___
Advance Practice___ Osteoporosis___ Office Practice___ Other___

WHAT ROLE DO YOU HAVE IN MAKING BUYING DECISIONS FOR YOUR HOSPITAL, OFFICE OR PLACE OF EMPLOYMENT?

Approve purchases___ Share purchase authority___ Sole purchasing authority___ Specify/recommend products___ Other___

HOW MUCH DOES YOUR HOSPITAL, OFFICE OR PLACE OF EMPLOYMENT SPEND ON ORTHOPAEDIC PRODUCTS AND SERVICES IN A YEAR?

Under \$50,000___ \$50,001-100,000___ \$100,001-200,000___ \$200,001-500,000___ \$500,000-1,000,000___ Over \$1,000,000___

HOW OFTEN DOES YOUR HOSPITAL, OFFICE, OR PLACE OF EMPLOYMENT PURCHASE NEW EQUIPMENT OR SERVICES RELATED TO ORTHOPAEDIC HEALTH?

Monthly___ Twice per year___ Annually___ Every other year, or less frequently___

PAYMENT INFORMATION

Payment must accompany the application. Indicate your method of payment.

Check Enclosed?

Amount:

Charge to my credit card (Circle one: MC, VISA, AMEX)

Amount:

Account Number:

Exp Date:

Cardholders Signature:

Name on Card (print):

How to Complete the Group Membership Application

- 1.) Each new applicant must complete an application.
- 2.) Send in all completed applications and payment together in order to receive the discount.
- 3.) Discount Table

5-9 New Members	5% off = \$104.50 per applicant
10-19 New Members	10% off = \$99.00 per applicant
20 + New Members	20% off = \$88.00 per applicant

- 4.) Payments can be made by each new applicant or one group payment.

Please remit completed applications and payments to:

NAON Membership, 8283 Solutions Center, Chicago, IL 60677-8002 or fax the forms with your credit card payment information to: 312-673-6941.

For questions contact NAON at 800.289.6266 or via e-mail at naon@smithbucklin.com.