

Membership Application

Congratulations on your decision to join the premier orthopaedic nursing association! To start receiving all your benefits, complete the Membership Application and remit to NAON today.

Or, join on-line at **www.orthonurse.org** – it's fast, easy and convenient! Feel free to photocopy this form and pass it along to your colleagues!

Contact Information

Preferred address: home work

NAME	CREDENTIALS	COMPANY
ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
E-MAIL		
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PHONE: HOME	WORK	FAX

NAON Membership Categories (please check one)

Please note: Membership expires December 31 annually.

- General Member: \$110**
Any nurse, physician, medical scientist, allied healthcare practitioner or educator, whose professional endeavors regularly involve some aspect of orthopaedic nursing. General Members have voting privileges.
- Student Member: \$50**
Nursing students working toward initial licensure. Proof of current enrollment (copy of student ID) required.
- NSNA Student Member: \$40**
Nursing students working toward initial licensure. Enclose proof of current enrollment and copy of NSNA membership card.
- Associate Member: \$100**
Retired Nurses and Assistive personnel – technicians, technologists, assistants working in an orthopaedic practice. Associate Members do not have voting privileges.

Chapter Status

Would you like to belong to a local chapter?

- Yes, chapter # _____ No (Member-at-Large)

If yes, please provide the 3-digit number or name of the chapter you would like to join.

Payment Information

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

- Check enclosed
(payable in U.S. funds to NAON) for the amount of \$ _____
- Charge my credit card
(circle one: MC VISA AMEX) for the amount of \$ _____

ACCOUNT NUMBER

EXPIRATION

NAME ON CARD

SIGNATURE

Please remit completed application and payment to:

NAON Membership; 8283 Solutions Center; Chicago, IL 60677-8002 **OR** fax this form with your credit card payment information to: 312.673.6941.

Thank you for becoming a member of NAON. Please help NAON provide better services to all of our members by answering the following questions.

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
- \$500,001 – 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

- Check here if you do not want NAON to provide your address to partnering organizations and companies.