

LETTER OF COMMITMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to adhere to the responsibilities of Fellow status, including  
 (print name)

* support NAON’s goals, mission, vision, values, and strategic plan.
* advocate for individuals with musculoskeletal health disparities and chronic health care issues such as osteoarthritis, rheumatoid arthritis, and osteoporosis in cooperation with NAON and outside the organization to help transform America’s health care system
* offer my talents and expertise to the organization as desired, needed, or requested by the NAON board
* participate in activities of the Fellows
* maintain membership in the organization

I understand that I must attend a Fellowship Induction Ceremony to use the FNAON credential.

I understand that if my membership in NAON lapses, the Fellowship ends. Upon reinstatement of membership, I will need to reapply for reinstatement of Fellow status and all applicable fees.

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Signature Date