

# 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](http://www.orthonurse.org) – it's fast, easy and convenient! Feel free to photocopy this form and pass it along to your colleagues!

## Contact Information

*\*All information below is required to be filled out in order for NAON to create you a membership profile.*

NAME	CREDENTIALS	EMPLOYER
ADDRESS		
CITY	STATE/PROVINCE	ZIP CODE
E-MAIL		
PHONE: HOME/CELL	WORK	

## NAON Membership Categories (please check one)

*Please note: Membership expires December 31 annually.*

- General Member: \$140**  
Any nurse, whose professional endeavors regularly involve some aspect of orthopaedic nursing. General Members have voting privileges.
- Associate Member: \$130**  
Retired Nurses and Assistive personnel – technicians, technologists, assistants, working in an orthopaedic practice. Associate Members do not have voting privileges.
- Student Member: \$80**  
Nursing students working toward initial licensure. Proof of current enrollment (copy of student ID or transcript) required.
- NSNA Student Member: \$70**  
Nursing students working toward initial licensure. Enclose proof of current enrollment and copy of NSNA membership card.

## Chapter/ Affiliate Status

Would you like to belong to a local chapter or affiliate?

- Yes, chapter/affiliate name or # \_\_\_\_\_
- No (Member-at-Large)

## Payment Information

*Payment must accompany application.*

- Check enclosed  
(payable in U.S. funds to NAON) for the amount of \$ \_\_\_\_\_

## Please remit completed application and payment to:

NAON Membership  
330 North Wabash Avenue Suite 2000  
Chicago, IL 60611

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

### What is your professional status?

*(please check all that apply)*

- PhD
- RN
- BSN
- MSN
- APN
- LPN
- LVN
- Retired
- Student
- Other(s) \_\_\_\_\_

### What is your employment status?

- Full time
- Part time
- Working per diem or on contract
- Unemployed

### How many years have you been in the nursing profession?

- 1-5
- 6-10
- 11-20
- 21 or more
- Student
- Other: \_\_\_\_\_

### What is your primary area of practice?

- Adult Medical/ Surgical Unit
- Adult Orthopaedic Unit
- Advance Practice
- Clinic
- ER
- Gerontology
- Home Care
- Neurology
- Office Practice
- OR
- Osteoporosis
- Pediatric Medical/ Surgical Unit
- Pediatric Orthopaedic Unit
- Pediatrics
- Physician Office
- Spine
- Sports Medicine
- Total Joint Replacement
- Trauma
- Other: \_\_\_\_\_

### How would you classify your place of employment? (check one)

- Government (non-hospital)
- Home Health
- Hospital
- Industry/Corporation
- Nursing Home
- Nursing School
- Outpatient Clinic
- Physician Office
- Self-employed
- Rehabilitation/ SNF
- Ambulatory Surgery Center
- Unemployed

### What is your primary professional position? (check one)

- Clinical Nurse Specialist
- Director/ Administrator
- Instructor/Educator
- Navigator, Coordinator or Case Manager
- Nurse Manager, Supervisor, or Leader
- Nurse Practitioner
- Office or Clinic Nurse
- OR Nurse
- Physician Assistant
- Private Scrub
- Program Director
- Program Manager
- RN First Assistant
- Staff Nurse
- Technician, Nurse Assistant
- Therapist– PT or OT
- Other: \_\_\_\_\_

### How did you learn about NAON?

- Local NAON Education Program
- National NAON Education Program
- NAON Chapter Member
- NAON Member
- Orthopaedic Nursing* Journal
- Orthopaedic Physician
- Other: \_\_\_\_\_