

NAON Group Membership Application

Group is defined as all members belonging to a 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:

Home Mailing Address:

City

State

Zip

Home Phone:

Work Phone:

Email:

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

Yes, chapter:

Yes, affiliate:

WHAT IS YOUR PROFESSIONAL STATUS? (PLEASE CHECK ALL THAT APPLY)

PhD RN BSN MSN APN LPN LVN Student Retired Other(s): _____

HOW MANY YEARS HAVE YOU BEEN IN THE NURSING PROFESSION? (FILL IN THE BLANK)

Years in Nursing: _____

HOW WOULD YOU CLASSIFY YOUR PLACE OF EMPLOYMENT? (CHECK ONE)

Hospital Nursing School/Educational Institution Self Employed
 Physician Nursing Home Not Employed
 Industry/Corporation Home Health Government (non-hospital)
 Outpatient Clinic Unknown Other

WHAT IS YOUR PRIMARY PROFESSIONAL POSITION? (CHECK ONE)

Staff Nurse Instructor/Educator Case Manager
 Head Nurse/Supervisor Administrator Nurse Practitioner
 OR Nurse Physician Assistant-Nurse or Physician
 Clinical Specialist RN First Assistant Other
 Therapist-Occupational or Physical Technician

WHAT IS YOUR PRIMARY AREA OF PRACTICE? (CHECK ONE)

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

HOW DID YOU LEARN ABOUT NAON? (CHECK ONE)

Area NAON Education Program NAON Member Other
 NAON Chapter Member National NAON Education Program Unknown
 Orthopaedic Nursing Journal Orthopaedic Physician

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PAYMENT INFORMATION Payment must accompany the application.

Check Amount:

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 = \$133 per applicant
10-19 New Members	10% off = \$126 per applicant
20 + New Members	20% off = \$112 per applicant

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

Please remit completed applications and payments to:

NAON
330 North Wabash Ave, Suite 2000
Chicago, IL 60611

We Care About Your Privacy: *Payment by credit cards can only be made online. In order to comply with the Payment Card Industry Data Security Standard (PCI DSS), we will not accept credit card numbers over the phone, by mail or fax. NAON strives to protect the sensitive information you provide us with, and we appreciate your understanding.*

Please note: Membership expires December 31 annually.