

NAON Rave and Save Membership Application

Note: New member must be a first time member of NAON.

NEW MEMBER APPLICATION

New Member Name: _____ Credentials: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Referred by NAON Member Name: _____ Company: _____

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 Office Nursing Home Unemployed
 Industry/Corporation Home Health Government (non-hospital)
 Outpatient Clinic Ambulatory Surgery Center Other _____

WHAT IS YOUR PRIMARY PROFESSIONAL POSITION? (CHECK ONE)

Staff Nurse Instructor/Educator Navigator, Coordinator, or Case Manager
 Office or Clinic Nurse Administrator /Director Nurse Practitioner
 OR Nurse Physician Assistant Program Manager
 Clinical Nurse Specialist RN First Assistant Technician, Nurse Assistant
 Nurse Manager, Supervisor, or Leader Other _____
 Therapist-Occupational or Physical
 Program Director

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 Physician Office Trauma
 Spine Sports Medicine Total Joint Replacement Other _____

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Note: Membership for referring NAON member only valid if membership has not already been renewed for 2017.

REFERRING MEMBER INFORMATION

Referring Member Name:		Credentials:
Home Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Email:
New NAON Member Name:		Company:

PAYMENT INFORMATION

Please check the box that applies.

Check payment must accompany the application.

- Check** included with the application. Check amount(s):

- I want to pay by **credit card**, please send me an invoice once you receive this application.

Note: Only one form of payment will be accepted per member.

How to Complete the Rave and Save Membership Application

- 1.) New member and existing NAON member fill out application.
- 2.) Send in completed applications and payment in one envelope.
- 3.) Payments can be made separately (two checks), or one check. The renewing member will pay \$70 and the new member will pay \$140. Or you both may opt to receive 25% off each membership.
- 4.) If you wish to pay by credit card, send your completed application to the address below. Once your application is received, NAON headquarters will provide both the new and existing NAON member with an invoice to complete payment by credit card.

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, 2018.*