

# Membership Application 2012



**Personal Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Primary Email: \_\_\_\_\_  
 Are you a NACNS Member? \_\_\_\_\_ When do you renew? \_\_\_\_\_

**Work Information**

Self Employed? \_\_\_ Yes  
 Place of Employment: \_\_\_\_\_ City/State: \_\_\_\_\_

**Professional Information** (Please check all that apply)

- A. Professional Status: \_\_\_ CNS \_\_\_ CNS Student \_\_\_ Other APRN
- B. Position: \_\_\_ CNS \_\_\_ Staff Nurse \_\_\_ Administrator  
 \_\_\_ Faculty \_\_\_ Consultant \_\_\_ Educator  
 \_\_\_ Other \_\_\_\_\_
- C. Practice Setting: \_\_\_ Acute Care (Hospital) \_\_\_ Nursing School/College/University  
 \_\_\_ Clinic \_\_\_ Community/Public Health  
 \_\_\_ Other: \_\_\_\_\_
- D. Patient Population: \_\_\_ Adult \_\_\_ Pediatrics
- E. Specialty: \_\_\_ Cardiology \_\_\_ OB/GYN  
 \_\_\_ Diabetes \_\_\_ Oncology  
 \_\_\_ ENT \_\_\_ Orthopedics  
 \_\_\_ Gastroenterology \_\_\_ Pulmonary  
 \_\_\_ Genetics \_\_\_ Renal  
 \_\_\_ Neurology \_\_\_ Special Needs  
 \_\_\_ Other: \_\_\_\_\_

Membership Levels	Regular OACNS Yearly Dues	OACNS Dues if member of NACNS
<b>Regular</b>	<b>\$ 75.00</b>	<b>\$60.00</b>
<b>Associate</b>	<b>\$ 45.00</b>	<b>N/A</b>
<b>CNS Student</b>	<b>\$ 37.00</b>	<b>\$30.00</b>

**Here are NACNS current dues:**

<b>Regular Membership</b>	(1 year \$125.00)
<b>Student Membership</b>	\$80.00
<b>Retired Membership</b>	\$62.50

**Mail dues & applications to:**

**OACNS**

P.O. Box 12335  
 Oklahoma City, OK 73157-2335

**OFFICE USE**

Today's Date: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Amount: OACNS \_\_\_\_\_ NACNS \_\_\_\_\_