



2009 MEMBERSHIP APPLICATION

___ New ___ Re-New

Membership Category (choose one):

- Full Member • \$175
Associate Member • \$50
Retired Member • \$100
An Affiliate Member • \$175

A Full Member must sponsor an Affiliate Member and the Board of Directors must approve an Affiliate Membership Application.

Please print or type (please fill in ALL requested information):

Name & Credentials _____

Title _____ Facility _____
(Type:) Acute Care ___ Long Term Care ___ Home Health ___ Education ___ Other ___ Describe

Institution Address _____

Home Address _____

Business Phone _____ Home Phone _____

Business Fax _____ Email (required) _____

Are you a current member of the American Organization of Nurse Executives? ___ Yes ___ No
Level of Education: Diploma ___ Associate Degree ___ Baccalaureate ___ Masters ___ Doctorate ___

I prefer to receive ONE/NJ mail at ___ Home ___ Institution

Method of Payment: ___ Check ___ MasterCard ___ Visa ___ American Express
Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature (Required) _____ Date _____

Please enclose payment with this application. Make check payable to: ONE/NJ, Inc., PO Box 6066, Bellmawr, NJ 08099
760 Alexander Road v PO Box 1 v Princeton, NJ 08543-0001 v Phone: 609-275-4011 v 1 Fax: 609-275-4249 v E-mail: ONENJ@njha.com