



**2008 MEMBERSHIP APPLICATION**

9 New

9 Re-New

**Membership Category (choose one):**

**Full Member • \$175**

A **full member** is a registered nurse who

- Holds an organizational role in administration/management and is accountable for strategic, operational, and/or management outcomes in a healthcare delivery setting;
- Aspires to a nursing management/administration position;
- Is faculty in a graduate or undergraduate nursing program, including deans and directors;
- Serves as a consultant in patient care administration/management practice;
- Is employed in a professional association, regulatory agency and/or accreditation healthcare organization; or
- Serves as editor of a professional nursing publication.

**Associate Member • \$50**

An **associate member** is a registered nurse who is a student in a relevant degree program with a career path in nursing leadership and is not working. An associate member may attend ONE business and educational meetings, but may not vote or hold office.

**Retired Member • \$100**

Any ONE/NJ member who is retired from the professional practice of nursing and has maintained ONE/NJ membership over a period of years who would not otherwise be eligible for continuing membership. A retired member is entitled to all rights and privileges of a full member.

**An Affiliate Member • \$175**

An **affiliate member** is an individual who is not a registered nurse. An affiliate member may be a non-nurse professional or any healthcare consumer member of the corporate or political community who is interested in working towards advancement of a healthcare system driven by the needs of patients. An affiliate member may attend business and educational meetings, but may not vote or hold office. The affiliate members' purposes, goals and initiatives must be consistent with and supportive of ONE/NJ purposes, goals and initiatives.

**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 ▼ PO Box 1 ▼ Princeton, NJ 08543-0001 ▼ Phone: 609-275-4011 ▼ 1 Fax: 609-275-4249 ▼ E-mail: ONENJ@njha.com