



Oncology Nursing Society Membership Application

Oncology Nursing Society

P.O. Box 3510 • Pittsburgh, PA 15230-3510
 Toll Free: 866-257-4ONS • Phone: 412-859-6100
 Toll-Free Fax: 877-369-5497 • Fax: 412-859-6162
 E-mail: customer.service@ons.org • www.ons.org

YOUR PROFILE

(PLEASE PRINT)

Last Name: _____

First Name: _____ Middle Initial: _____

Credentials Used: _____

ONS ID#: _____

HOME ADDRESS

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

BUSINESS ADDRESS

Institution: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

CONTACT INFORMATION

Work Telephone: _____

Home Telephone: _____

Cell Phone: _____

Fax: _____

Email: _____

Please check your preferred:

- Mailing Address:** Home Business
Telephone: Home Business Cell

- I do not want my contact information released to third party organizations (this includes information regarding conference satellite symposia).
 Yes. I would like to receive important updates, information, and member-only savings from ONS and its affiliates via fax.
 ONS members receive important updates, information, and member-only savings from ONS and its affiliates via e-mail. Please check here if you do not want to receive these communications.

Office Use Only

MID _____ Exp. Date _____

Free Rec'd _____ Code M10PDF

MEMBER-BRING-A-MEMBER INFORMATION

Please complete this section only if you were invited/encouraged to join ONS by an existing member. Please print clearly.

Referred By: _____

Their Chapter: _____

YOUR MEMBERSHIP CATEGORY

As part of your dues, \$9.78 is for a one-year subscription to the *Oncology Nursing Forum*, \$8.84 is for a one-year subscription to the *Clinical Journal of Oncology Nursing*, \$4.53 is for a one-year subscription to *ONS Connect*, and \$3.66 is for full access to www.ons.org. Contributions or gifts to the Oncology Nursing Society are not tax deductible as charitable contributions. However, 98.51% may be tax deductible as ordinary and necessary business expenses. \$1.52 of dues is used for ONS's lobbying activities and is not deductible. Contributions or gifts to the ONS Foundation are considered charitable contributions. Funds donated to the ONS Foundation are used for nursing education, nursing research, and cancer public-education grants and awards.

MEMBERSHIP	1 YEAR	2 YEAR
Active (only registered nurses are eligible)	<input type="checkbox"/> \$102	<input type="checkbox"/> \$194
Student Membership (only full-time students are eligible)	<input type="checkbox"/> \$51	<input type="checkbox"/> n/a
Senior Registered Nurse (at least 62 years of age)	<input type="checkbox"/> \$62	<input type="checkbox"/> n/a
Physically Challenged (RNs who qualify for active membership who receive long-term disability benefits)	<input type="checkbox"/> \$51	<input type="checkbox"/> n/a
Associate (only non-RN healthcare professionals are eligible)	<input type="checkbox"/> \$102	<input type="checkbox"/> \$194
Special Interest Group membership (see reverse for details)		
SIG 1:	FREE	FREE
SIG 2:	\$15	\$30
SIG 3:	\$15	\$30
SIG 4:	\$15	\$30
ONS Foundation (optional tax-deductible gift) Or \$ _____	\$10	n/a
GRAND TOTAL	\$	

METHOD OF PAYMENT (please print clearly)

I have enclosed a check or money order in the amount of \$ _____
 Make check payable to Oncology Nursing Society. Non-U.S. residents, please state U.S. funds on your check and mail to ONS, P.O. Box 3510, Pittsburgh, PA 15230-3510.

Credit Card: Visa MC AmEx Discover Exp date: _____

Card number: _____

Name as it appears on card: _____

Cardholder Signature: _____

Cardholder phone: _____

*** Have you joined your free special interest group (SIG)?
 See the back of this application for details!**

ONS collects personal and professional demographic information to better serve its members. Personal demographic information, including race, gender, and salary, is collected to define and evaluate the diversity of ONS membership. Individual member's personal demographic information is not distributed or disseminated.

When completing the following demographic information, please leave any categories and selections that do not apply to you blank.

EDUCATIONAL INFORMATION

HIGHEST DEGREE COMPLETED

(select one)

Nursing

- Associate DNP Master's
 Bachelor's DNSc
 Diploma PhD

Other Field

- Associate Master's
 Bachelor's Doctorate

CURRENT ENROLLMENT

(select one if currently enrolled)

- Associate Doctorate
 Bachelor's Master's
 Diploma

Current Education Status

- Full time
 Part time

CAREER EXPERIENCE

Years experience in: Nursing: _____ Oncology: _____

PROFESSIONAL INFORMATION

LICENSE STATUS (select all that apply)

- LVN/LPN RN
 APRN (includes NPs)

EMPLOYMENT STATUS (select one)

- Full-time Retired
 Part-time Unemployed

PRIMARY FUNCTIONAL AREA

(select one)

- Administration Patient Care
 Education Research
 Other _____

PRIMARY PATIENT SETTING

(select one)

- Adult Adult and Pediatric
 Pediatric

PRIMARY POSITION (select one)

- Academic Educator
 Case Manager
 Clinical Nurse Specialist
 Clinical Trials Nurse
 Consultant
 Director/Manager/Coordinator
 Genetic Counselor
 Medical Science Liaison
 Nurse Navigator
 Nurse Practitioner
 Nurse Scientist
 Patient Educator
 Pharmaceutical Representative
 Staff Educator
 Staff Nurse/Nurse Clinician
 VP/CNO
 Other _____

PRIMARY SPECIALTY (select one)

- Blood and Marrow Transplantation
 Medical Oncology
 Palliative Care
 Prevention/Detection
 Radiation Oncology
 Surgical Oncology
 Other _____

FLUENT LANGUAGE

(other than English)

- Arabic German
 Bengali Hindi/Urdu
 Chinese Italian
 French Japanese
 Other _____

PRIMARY WORK SETTING

(select one)

Inpatient

- Bone Marrow Transplant Unit
 Intensive Care Unit
 Medical Unit-General
 Medical Unit-Oncology
 Surgical Unit-General
 Surgical Unit-Oncology
 Other _____

Outpatient

- Hospice
 Hospital-Based Clinic
 Physician Office/Infusion Center
 Radiation-Free-Standing
 Radiation-Hospital-Based
 Other _____

Other

- Corporate/Industry
 Extended Care Facility
 HMO/Managed Care
 School of Nursing
 Self-employed
 Other _____

TYPES OF CANCERS/ DISORDERS

(select up to three areas of expertise)

- Bladder Cancer
 Brain Cancer
 Breast Cancer
 Cervical Cancer
 Colorectal Cancer
 Head and Neck Cancers
 Nonmalignant Hematologic Disorders
 HIV/AIDS
 Hodgkin Disease
 Leukemia
 Lung Cancer
 Lymphoma
 Skin Cancer/Melanoma
 Multiple Myeloma
 Ovarian Cancer
 Pancreatic Cancer
 Prostate Cancer
 Renal Cancer
 Sarcoma
 Testicular
 Uterine Cancer

Are you a member of the American Nurses Association? Yes No

BIOGRAPHICAL DATA

ONS is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional.

AGE (years)

- 20-24 40-44 60-64
 25-29 45-49 65-69
 30-34 50-54 Over 69
 35-39 55-59

Birth day

(month and day)

RACE

- American Indian/Alaskan Native
 Asian
 Black/African American
 Caucasian/White
 Mixed Race
 Native Hawaiian/Pacific Islander
 Other Race (those not listed)

Are you an oncology nurse?

- Yes No

Does your employer pay for or reimburse you for membership dues?

- Yes No

Are you Hispanic/Latino?

- Yes No

SEX

- Male Female

INDIVIDUAL SALARY RANGE

- \$20,000-\$29,999
 \$30,000-\$39,999
 \$40,000-\$49,999
 \$50,000-\$59,999
 \$60,000-\$69,999
 \$70,000-\$79,999
 \$80,000-\$89,999
 \$90,000-\$99,999
 \$100,000-\$109,999
 \$110,000-\$119,999
 \$120,000-higher

JOIN YOUR FIRST SPECIAL INTEREST GROUP FREE!

SIGs provide a valuable means of networking with your colleagues in your subspecialty. ONS members receive one free SIG membership. Additional SIG memberships are \$15 each. Please list your SIG memberships in the space provided on the first page of this application. Contact ONS Customer Service or visit www.ons.org for more information.

- Acute and Critical Care
- Advanced Nursing Research
- Ambulatory/Office Nursing
- Blood and Marrow Stem Cell Transplant
- Breast Care
- Cancer Genetics
- Chemotherapy
- Clinical Nurse Specialist
- Clinical Trial Nurses
- Complementary and Integrative Therapies
- Ethics
- Home Care & Palliative Care
- Lymphedema Management
- Management and Program Development
- Neuro-Oncology
- Neutropenia
- Nurse Navigator
- Nurse Practitioner
- Pain Management
- Pharmaceutical/Industry Nursing
- Prevention/Early Detection
- Radiation
- Spiritual Care
- Staff Education
- Surgical Oncology
- Survivorship, Quality of Life, and Rehabilitation
- Targeted and Biological Therapies
- Transcultural Nursing Issues

Please include your SIG fee (if applicable) with payment. Please see front of application for payment information.

FOUR EASY WAYS TO JOIN TODAY!

To join ONS and begin receiving your member-only benefits, simply complete both sides of this application and submit with payment one of three easy ways:

1. Fax to 877-369-5497 or 412-859-6162
2. Mail to ONS • P.O. Box 3510 • Pittsburgh, PA 15230-3510
3. Join online at www.ons.org
4. Call us at toll free at 866-2574ONS (412-859-6100)