

# Oncology Nursing Society

## International Tiered Membership Application



### Oncology Nursing Society

P.O. Box 3510 Pittsburgh, PA 15230-3510, USA  
 Phone: +1-412-859-6100  
 Fax: +1-412-859-6162  
 E-mail: [customer.service@ons.org](mailto:customer.service@ons.org)  
[www.ons.org](http://www.ons.org)

#### YOUR PROFILE

(PLEASE PRINT)  
 Family Name/Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Credentials Used: \_\_\_\_\_  
 ONS ID#: \_\_\_\_\_

#### CONTACT INFORMATION

Email: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
country code / city code / phone number  
 Home Telephone: \_\_\_\_\_  
country code / city code / phone number  
 Cell Phone: \_\_\_\_\_  
country code / city code / phone number  
 Fax: \_\_\_\_\_  
country code / city code / fax number

#### HOME ADDRESS

Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_

#### BUSINESS ADDRESS

Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Country: \_\_\_\_\_

**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).  
 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 M9INTN

#### 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

Please note that this membership category entitles you to all member benefits with following exceptions: voting in the ONS elections, running for any ONS elected position, and receiving hard copies of the ONS journals. If you would like to receive any of these benefits, you may purchase an Active Membership for \$102.  
 Please see <http://www.ons.org/membership/join/> for more information about membership categories.

MEMBERSHIP <i>(Only registered nurses or equivalent are eligible. Please refer to page 2 for the tier classifications.)</i>	1 YEAR (in USD)
<b>Tier 1 (\$102 with 80% discount)</b>	<b>\$21</b>
<b>Tier 2 (\$102 with 70% discount)</b>	<b>\$31</b>
<b>Tier 3 (\$102 with 60% discount)</b>	<b>\$41</b>
<b>Special Interest Group membership <i>(see page 3 for details)</i></b>	
<b>SIG 1*:</b>	<b>FREE</b>
<b>SIG 2:</b>	<b>\$15</b>
<b>SIG 3:</b>	<b>\$15</b>
<b>SIG 4:</b>	<b>\$15</b>
<b>Optional donation to the ONS Foundation</b>	<b>\$</b>
<b>GRAND TOTAL (in USD)</b>	<b>\$</b>

#### 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, USA.*

**Credit Card:**  Visa  MC  AmEx  Discover  
 Exp date: \_\_\_\_\_  
 Card number: \_\_\_\_\_  
 Name as it appears on card: \_\_\_\_\_  
 Cardholder signature: \_\_\_\_\_  
 Cardholder phone number: \_\_\_\_\_

**\* Have you joined your free special interest group (SIG)?  
 See page 4 of this application for details!**

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This listing classifies all World Bank economies with populations of more than 30,000. Economies are divided according to 2008 GNI per capita, calculated using the World Bank Atlas method. Income classifications are set each year on 1 July. These official analytical classifications are fixed during the World Bank's fiscal year (ending on 30 June), thus countries remain in the categories in which they are classified irrespective of any revisions to their per capita income data. ONS annually updates the international tiered membership application in July to reflect changes to the World Bank Index classifications. Annual income groups are defined as follows:

**Low-income:** \$975 or less

**Lower-middle-income:** \$976–\$3,855

**Upper-middle-income:** \$3,856 - \$11,905

**High-income:** \$11,906 or more

### TIER 1: Low-Income Economies (80% Discount)

Afghanistan	Chad	Guinea-Bissau	Malawi	Senegal	Uzbekistan
Bangladesh	Comoros	Haiti	Mali	Sierra Leone	Vietnam
Benin	Congo, Dem. Rep	Kenya	Mauritania	Somalia	Yemen, Rep.
Burkina Faso	Eritrea	Korea, Dem Rep.	Mozambique	Tajikistan	Zambia
Burundi	Ethiopia	Kyrgyz Republic	Myanmar	Tanzania	Zimbabwe
Cambodia	Gambia, The	Lao PDR	Nepal	Togo	
Central African Republic	Ghana	Liberia	Niger	Uganda	
	Guinea	Madagascar	Rwanda		

### TIER 2: Lower-Middle-Income Economies (70% Discount)

Albania	China*	Guyana	Lesotho	Pakistan	Syrian Arab Republic
Angola	Congo, Rep.	Honduras	Maldives	Papua New Guinea	Thailand
Armenia	Côte d'Ivoire	India	Marshall Islands	Paraguay	Timor-Leste
Azerbaijan	Djibouti	Indonesia	Micronesia, Fed. Sts.	Philippines	Tonga
Belize	Ecuador	Iran, Islamic Rep.	Moldova	Samoa	Tunisia
Bhutan	Egypt, Arab Rep.	Iraq	Mongolia	São Tomé and Príncipe	Turkmenistan
Bolivia	El Salvador	Jordan	Morocco	Solomon Islands	Ukraine
Cameroon	Georgia	Kiribati	Nicaragua	Sri Lanka	Vanuatu
Cape Verde	Guatemala	Kosovo	Nigeria	Sudan	West Bank and Gaza
				Swaziland	

### TIER 3: Upper-Middle-Income Economies (60% Discount)

Algeria	Colombia	Jamaica	Mayotte	Romania	Suriname
American Samoa	Costa Rica	Kazakhstan	Mexico	Russian Federation	Turkey
Argentina	Cuba	Latvia	Montenegro	Serbia	Uruguay
Belarus	Dominica	Lebanon	Namibia	Seychelles	Venezuela, RB
Bosnia & Herzegovina	Dominican Republic	Libya	Palau	South Africa	
Botswana	Fiji	Lithuania	Panama	St. Kitts and Nevis	
Brazil	Gabon	Macedonia, FYR	Peru	St. Lucia	
Bulgaria	Grenada	Malaysia	Poland	St. Vincent and the Grenadines	
Chile		Mauritius			

\*Please note that Hong Kong and Taiwan are not included in this discount program, as they are considered high income countries.

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## DEMOGRAPHIC INFORMATION

ONS collects personal and professional demographic information to better serve its members. Personal demographic information, including 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

#### Other Field

- Associate     Master's  
 Bachelor's     Doctorate  
 Other \_\_\_\_\_

### CURRENT ENROLLMENT

*(select one if currently enrolled)*

- Associate     Doctorate  
 Bachelor's     Master's  
 Diploma  
 Other \_\_\_\_\_

#### 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 \_\_\_\_\_

## PROFESSIONAL INFORMATION CONT...

### PRIMARY SPECIALTY *(select one)*

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

### FLUENT LANGUAGES

*(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

## 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

### GENDER

- Male     Female

### Annual Individual Salary Range

*(in USD)*

- \$1,000 or less  
 \$1,001-\$2,500  
 \$2,501-\$4,000  
 \$4,001-\$5,500  
 \$5,501-\$7,000  
 \$7,001-\$8,500  
 \$8,501-\$10,000  
 \$10,001-\$19,999

# Oncology Nursing Society International Tiered Membership Application



## JOIN YOUR FIRST SPECIAL INTEREST GROUP (SIG) 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](http://www.ons.org) for more information.*

<input type="checkbox"/> Acute and Critical Care <input type="checkbox"/> Advanced Nursing Research <input type="checkbox"/> Ambulatory/Office Nursing <input type="checkbox"/> Blood and Marrow Stem Cell Transplant <input type="checkbox"/> Breast Care <input type="checkbox"/> Cancer Genetics <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Clinical Trial Nurses <input type="checkbox"/> Complementary and Integrative Therapies <input type="checkbox"/> Ethics	<input type="checkbox"/> Home Care & Palliative Care <input type="checkbox"/> Lymphedema Management <input type="checkbox"/> Management and Program Development <input type="checkbox"/> Neuro-Oncology <input type="checkbox"/> Neutropenia <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Pain Management <input type="checkbox"/> Pharmaceutical/Industry Nursing <input type="checkbox"/> Prevention/Early	<input type="checkbox"/> Radiation <input type="checkbox"/> Spiritual Care <input type="checkbox"/> Staff Education <input type="checkbox"/> Surgical Oncology <input type="checkbox"/> Survivorship, Quality of Life, and Rehabilitation <input type="checkbox"/> Targeted and Biological Therapies <input type="checkbox"/> Transcultural
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*Please include your SIG fee (if applicable) with payment. Please see front of application for payment information.*

## FOUR EASY WAYS TO JOIN ONS TODAY!

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

**1. Fax to +1-412-859-6162**

**2. Mail to ONS • P.O. Box 3510 • Pittsburgh, PA 15230-3510 • USA**

**3. Email to [customer.service@ons.org](mailto:customer.service@ons.org)**

**4. Call us at +1-412-859-6100**