



ONCOLOGY NURSING SOCIETY MEMBERSHIP FORM

JOIN/
RENEW

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
help@ons.org • www.ons.org

YOUR INFORMATION

Last Name: _____

First Name: _____ Middle Initial: _____

Credentials Used: _____

ONS ID#: _____

HOME ADDRESS

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

WORK ADDRESS

Institution: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

CONTACT INFORMATION

Telephone: _____

Cell Phone: _____

Fax: _____

Email (required): _____

EMPLOYER INFORMATION

Does Your Employer Pay/Reimburse Your Membership Dues?

Yes No

Office Use Only

MID _____ Exp. Date _____

Fee Rec'd _____ Code _____

CHOOSE YOUR MEMBERSHIP CATEGORY

MEMBERSHIP	1 YEAR	2 YEAR
Regular (RNs only)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$255
Student (full-time students working toward their RN)	<input type="checkbox"/> Free	<input type="checkbox"/> n/a
Early-career professional (those who've been RNs for five years or less)	<input type="checkbox"/> \$104	<input type="checkbox"/> n/a
Retired (RNs 65 or older)	<input type="checkbox"/> \$85	<input type="checkbox"/> n/a
Physically challenged (RNs who receive long-term disability benefits)	<input type="checkbox"/> \$73	<input type="checkbox"/> n/a
Associate (non-RN healthcare professionals)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$255
ONS Foundation (optional tax-deductible gift)		
GRAND TOTAL	\$ _____	

PAYMENT INFORMATION

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.

Card: Visa MC AmEx Discover Exp date: _____

Card number: _____ CVVC _____

Name as it appears on card: _____

Cardholder signature: _____

Cardholder phone: _____

As part of your dues, \$9.31 is for a one-year subscription to the *Oncology Nursing Forum*, \$12.46 is for a one-year subscription to the *Clinical Journal of Oncology Nursing*, \$6.20 is for a one-year subscription to *ONS Connect*, \$3.65 is for full access to www.ons.org, and \$10 is for your local chapter membership dues. Contributions or gifts to the Oncology Nursing Society are not tax deductible as charitable contributions. However, 99.14% of your dues may be tax deductible as ordinary and necessary business expenses. \$1.05 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. ONS membership is nonrefundable.

FOUR EASY WAYS TO JOIN

▶ Join online at www.ons.org/member-center/join-renew

▶ Call us toll free at 866-257-4ONS (412-859-6100)

▶ Mail this application to:
Oncology Nursing Society
ONS, P.O. Box 3510
Pittsburgh, PA 15230-3510

▶ Fax this application to 877-369-5497 or 412-859-6162

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.

PROFESSIONAL DEMOGRAPHICS

Highest Degree Earned *(select one)*

Nursing

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

License Status *(select all that apply)*

- RN
 LVN/LPN
 APRN (includes NPs)
 International RN equivalent

Years of Experience

Nursing _____
 Oncology _____

Employment Status *(select one)*

- Full-time Retired
 Part-time Unemployed

Functional Area *(select one)*

- Administration Patient Care
 Education Research
 Other _____

Patient Setting *(select one)*

- Adult Adult and Pediatric
 Pediatric N/A

Position/Title *(select one)*

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

Specialty *(select one)*

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

Work Setting *(select one)*

Inpatient

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

Outpatient

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

Other

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

Types of Cancers/

Disorders *(select up to three)*

- 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
 Multiple Myeloma
 Ovarian Cancer
 Pancreatic Cancer
 Prostate Cancer
 Renal Cancer
 Sarcoma
 Skin Cancer/Melanoma
 Testicular
 Uterine Cancer

PERSONAL DEMOGRAPHICS

Age *(years)*

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

Birthday

_____ (month and day)

Gender

- Male Female

Race

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

Are You Hispanic/Latino?

- Yes No

ADDITIONAL BENEFITS TO KEEP IN MIND

Access to the ONS Communities and membership to your local chapter is included in your membership dues.

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

Your local chapter membership is included in your membership dues. If you are a current member who already belongs to a local chapter, please write its name below. If you are a new member, you will automatically be assigned to a local chapter based on your zip code or you can write the name of the chapter you'd like to belong to below. A full listing of all ONS chapters is available at www.ons.org.

Your ONS Chapter: _____

Your chapter assignment is based on your zip code.

To join additional chapters at \$10 each, contact ONS Customer Relations.

UPDATE YOUR PROFILE

**ONS KNOWS THAT NOT ALL ONCOLOGY NURSES ARE THE SAME.
 HELP US UNDERSTAND WHO YOU ARE AND WHAT YOU DO, SO WE CAN BETTER SERVE YOU.
 YOUR INPUT HELPS TO SHAPE FUTURE ONS INITIATIVES.**

ONS knows that not all oncology nurses are alike and strives to ensure you're getting the information and resources you need in your practice. One way we do this is to customize the communications you receive from us based on the demographics in your ONS profile.

Create or update your profile today at profile.ons.org to ensure we know who you are and what you do. In addition to using your profile to customize your communications, we also look at overall membership demographics when planning educational programs, publications, conference sessions, and more. Your input will help to shape future ONS initiatives and ensure they meet your needs. Furthermore, when looking for volunteers to serve on project and planning teams, we review profile information to match members with volunteer positions that are best suited to their skills and expertise.

ONS also believes that every nurse is a leader. We look at leadership experience when selecting volunteers for projects like conference planning teams, membership advisory panels, and more. So, be sure to update the professional and leadership expertise area of your profile. It won't take long, and it's the first step in getting more involved in ONS at the national level.

Updated 6/2018