



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

INFORMATION

Last Name: _____
First Name: _____ Middle Initial: _____
Credentials Used: _____
ONS ID#: _____

HOME ADDRESS

Preferred Address

Address: _____
City: _____
State/Province: _____ Zip Code: _____
Country: _____
Country: _____
Phone): _____

BUSINESS ADDRESS

Preferred Address

Institution: _____
Phone: _____
Address: _____
City: _____
State/Province: _____ Zip Code: _____
Country: _____

Does Your Employer Pay/Reimburse Your Membership Dues?

Yes No

RECOVERY INFORMATION

Cell Phone: _____
Recovery Email: _____

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 <https://www.ons.org/join-renew-membership>
- ▶ 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. These demographics are required in order to fully process the membership application. Not completing this information could cause a delay in processing of payment. 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

Primary Position *(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 _____

Primary 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 _____

Primary Specialty *(select one)*

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

Non-Oncology Specialty

(select one) only required if Non-Oncology selected as Primary Specialty

- Cardiac Care
- Chronic Care
- Critical Care
- Dermatology
- Emergency/Urgent Care
- Gastrointestinal
- General Medical-Surgical
- Geriatrics
- Gynecology
- Infectious/Communicable Disease
- Infusion Services
- Neurology
- Occupational Health
- Prevention/Detection
- Primary Care
- Psychiatric/Mental Health
- Pulmonary
- Radiology
- Renal/Dialysis
- Solid Organ Transplant
- Urology
- Other

Treatment Area/s *(select all that apply)*

- Breast Cancer
- Gastrointestinal Cancers (includes pancreatic)
- Genitourinary Cancers
- Gynecologic Cancers
- Head and Neck Cancers
- Hematologic Malignancies
- Non-Malignant Hematologic Disorders
- Sarcomas
- Skin Cancers
- Head and Neck Cancers
- N/A

Years of Oncology Experience

Nursing _____

Current Nursing License *(select one)*

- APRN/CNS
 - APRN/NP
 - LVN/LPN
 - RN
 - RN Equivalent (International)
 - None
- Year Earned _____

Highest Degree Earned *(select one)*

Nursing

- Associate
- Bachelor's
- Diploma
- DNP
- Master's
- PhD/DNSc
- None

Are you a full-time student currently working toward your RN License

Yes No

School of Nursing: _____

Expected Graduation Date: _____

Do you currently receive long-term disability benefits?

Yes No

PERSONAL DEMOGRAPHICS

Birthday _____ *(month and day)*

Gender

Male Female

Access to the ONS communities is included in your membership and are a great way to find other members with like interests in a virtual, online environment.

Visit <http://communities.ons.org> to join in with the discussion.

Updated 11/2018

UPDATE YOUR ONS ACCOUNT

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 account.

Create or update your ONS Account today at ons.org to ensure we know who you are and what you do. In addition to using your account 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 demographic 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 account. It won't take long, and it's the first step in getting more involved in ONS at the national level.