



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: _____

If Renewing, Member ID#: _____

Home Address

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

Work Address

Institution: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

Contact Information

Work Telephone: _____

Home Telephone: _____

Fax: _____

Email (required): _____

Preferred Mailing Address: Home Work

Preferred Phone: Home Work

I do not want my contact information released to third-party organizations (this includes information regarding conference satellite symposia).

Exclude me from the online Membership Directory

Employer Information

Does Your Employer Pay/Reimburse Your Membership Dues?

Yes No

Office Use Only

MID _____ Exp. Date _____

Fee Rec'd _____ Code WEBAPP _____

Member-Bring-a-Member Referral

Please complete this section if you are a new member who was invited/encouraged to join ONS for the first time by an existing member.

Referred by: _____

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, \$10.23 is for a one-year subscription to the *Oncology Nursing Forum*, \$11.70 is for a one-year subscription to the *Clinical Journal of Oncology Nursing*, \$17.80 is for a one-year subscription to *ONS Voice*, \$5.20 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, 98.61% of your dues may be tax deductible as ordinary and necessary business expenses. \$1.74 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.
- ▶ 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
- Associate
- Bachelor's
- Master's
- DNP
- 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
- Part-time
- Retired
- Unemployed

Functional Area *(select one)*

- Administration
- Education
- Other _____
- Patient Care
- Research

Patient Setting *(select one)*

- Adult
- Pediatric
- Adult and 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

ONS Communities

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

Members who visit communities.ons.org can meet fellow oncology nursing professionals within ONS who have similar cancer care interests, ask questions about pressing clinical issues, share experiences and expertise to solve problems, and teach others to ensure that patients receive the best possible care. And that's just the beginning of the possibilities of this member-driven, online forum.

Whether you have a few minutes a month or can dedicate some significant time, participating in the ONS communities helps us all advance excellence in oncology nursing and quality cancer care.

Choose Your Local Chapter

Your local chapter membership is included in your membership dues. As 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: _____

To join additional chapters at \$10 each, please contact ONS customer service or complete this transaction online.

Personal Demographics

Age *(years)*

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

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

Update Your Full Profile so We Can Better Serve You

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.

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.