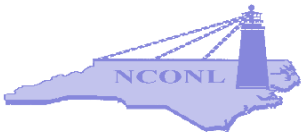

NORTH CAROLINA ORGANIZATION OF NURSE LEADERS
P.O. Box 4449 Cary, North Carolina 27519-4449

MEMBERSHIP APPLICATION
2010

NEW_____ **RENEWAL_____**

FIRST NAME **MIDDLE INITIAL** **LAST NAME**

MAILING ADDRESS CITY **STATE** **ZIP** **PREFERRED PHONE #**

PREFERRED E-MAIL ADDRESS

POSITION OR TITLE/SPECIALTY **(MAJOR IF STUDENT)**

EMPLOYER/GRADUATE SCHOOL **CITY** **STATE** **ZIP**

RN LICENSURE NUMBER (NC OR COMPACT) **EXPIRATION DATE**

LAST 4 DIGITS OF SS# (REQUIRED FOR EDUCATION CREDITS) **YEAR OF BIRTH**

- ❑ **MALE**
- ❑ **FEMALE**

ETHNICITY (Optional)
For internal statistical purpose only

- ❑ **African American**
- ❑ **Asian American**
- ❑ **Caucasian American**
- ❑ **Latin American**
- ❑ **Native American**

HIGHEST POSTGRADUATE DEGREE

- ❑ **BSN**
- ❑ **MSN**
- ❑ **PhD**
- ❑ **Other** _____

ANNUAL MEMBERSHIP FEE: $100 (Students $25)
(Membership dues paid after January 1st will be prorated on a quarterly basis. Prorated membership dues are considered only after a 12-month lapse in membership)

Please make checks payable to: **North Carolina Organization of Nurse Leaders**
or
NCONL

Mail check with application to: **Christie Johnston**
PO Box 4449
Cary, North Carolina 27519-4449