



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

MEMBERSHIP APPLICATION

NEW 2008 **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

NC# COMPACT #

RN LICENSURE NUMBER 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**