



Professional Association ONA/NPO Member Application

Last Name: _____ First Name: _____ Middle Initial: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Personal E-mail (NO work e-mail please): _____

Home Phone: _____ Cell Phone: _____

Unit: _____ Shift: _____ Work Phone: _____

Employer Name/Facility: _____

Oregon RN license #: _____ Credentials: _____

Who Referred You to NPO? _____

Referrer's email: _____ Referrer's phone: _____

Payment Method - Choose One (see back for details and dues rates)

Electronic Funds Transfer - Preferred (Enclose voided personal check or include your bank account number and routing number below. See back page for example.)

Bank Account # _____

Routing # _____

Credit Card

Card Type (choose one) Visa MasterCard American Express Discover

Name on Card _____

Card # _____

CVV security numbers _____ Expiration Date _____

Check (for yearly payment only)

Payment Option - Choose One

Professional Association Member - Full Membership with all benefits provided by NPO, ONA & ANA.

Yearly Payment (via credit card or check) Rate: Annual Payment of \$472.68

Monthly Payment - (via electronic funds transfer or credit card) Pay Professional Association Member dues monthly. Rate: \$39.39 a month

ONA Communications

YES, I would like to stay informed and receive EMAILS from ONA and NPO regarding NPO and ONA organizational news, events and more.

I verify the above information, agree to maintain my membership for a minimum of 30 days from the date of application and hereby authorize the selected payment method as indicated above.

Signature: _____ Date _____

Office Use Only

Dues Amount _____

Pay Type _____

Date _____



About ONA and NPO

The Oregon Nurses Association (ONA) is Oregon's largest and most influential professional nursing organization. Since 1904, ONA has been the official voice of Oregon nurses. ONA nurse practitioners established Nurse Practitioners of Oregon (NPO) as a special interest group within ONA in 1977 to continue ONA's work to expand and enhance our record of progressive and independent NP practice.



Together, ONA and NPO work to provide NPs with valuable live and online continuing education opportunities, professional development resources, leadership trainings and consulting services. We also work together to advocate for legislative and policy changes which remove barriers to nursing practice, promote better working conditions for nurses and NPs, and improve health care for our patients.

Membership in ONA means an NP is automatically a member of NPO and a member of the American Nurses Association (ANA).

The Value of Membership

Our members are our strength.

Together, we can ensure the future of our profession; that is the true value of membership in ONA.



By becoming a member, you add your voice, your experience and your passion for your profession to tens of thousands of nurses across the state. Together, we can make a difference for you, your patients and your nursing colleagues.

In addition, your membership entitles you to discounts on continuing education programs, workshops, news, practice resources, professional consultations and much more. Learn more on the ONA website.

www.OregonRN.org

Dues Rates: August 1, 2019 - June 30, 2020

The dues deducted are shown here before any special reduced dues discounts you may qualify for as noted below.

ONA Membership: \$39.39 per month or \$472.68 annually

Note: Dues may be tax deductible as a business expense. Check with your tax preparer. Membership includes ONA, ANA, local ONA Constituent Association, ON-PAC and NU-PAC. Please send a letter to ONA if you do not want a portion of your dues to go to ON-PAC and/or to NU-PAC and instead direct ONA to deposit that amount in the ONA General Fund.

ONA members shall be considered delinquent and rights shall be forfeited upon failure to pay dues or fees as required by current policy. No monies shall be refunded or additional monies collected retroactively when a change of dues category is made within a membership year.

Special Reduced Dues Qualifications

You may be eligible for a dues reduction if you meet any of the following qualifications:

- Work 64 hours or less per month and status has been verified by your employer(s). A change of status shall not occur more than one time during the membership year. (50% discount)
- Licensed RN who is currently a full-time student. (50% discount) *Attach proof of full-time enrollment*
- Student Affiliate (Oregon Student Nurses Association member) who is a graduate of a basic nursing program receives discounts on first two years of membership, if initiated within six months following licensure. You must have been a student affiliate member prior to graduation. (75% discount first year and 50% second year)
- Graduate of a basic nursing program receives discounts on first two years of membership, if initiated within six months following licensure. (50% discount first year and 25% second year)
- Graduate of an advance practice nursing program receives discount on first year of membership, if initiated within six months after graduation. (50% discount) *You must attach a copy of your diploma or transcripts.*

Payment Method Details

Electronic Funds Transfer*

This is my authorization for ONA to withdraw my monthly dues on the 15th of each month (or first business day after) as an automated checking account debit.

Credit Card*

Monthly automated charge on the 15th of each month.

* ONA is authorized to change the amount by giving 30 days written notice to the undersigned. The undersigned may cancel this authorization by written notification of termination.

Bank Account and Routing Number Example

Your **bank account number** is the second set of numbers printed on the bottom of your checks.

Your bank **routing number** is a nine-digit code that's based on the location where your account was opened. It's the first set of numbers printed on the bottom left side of your check.

NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ 0123
DATE _____ 01-23456789
PAY TO THE ORDER OF _____ \$ _____
BANK NAME _____ ADDRESS _____ DOLLARS
FOR _____
⑆012345678⑆ 012345678901234⑆ 0123

Special Reduced Dues Categories

Please check any that apply. See back page for details and restrictions.

- Work 64 hours or less per month and status has been verified by employer(s).
- RN who is a full-time student.
- ONA Student Affiliate (OSNA member) who is a recent graduate of a basic nursing program.

If applicable, what is your OSNA Member #: _____

- Recent graduate of a basic nursing program, non-student affiliate.
- Recent graduate of an advanced practice nursing program.

Member Demographic Information (optional)

Highest Level of Education

- Diploma
- Associate degree in Nursing
- Associate degree, Non-Nursing
- Baccalaureate in Nursing
- Baccalaureate, Non-Nursing
- Master's Degree in Nursing
- Master's Degree, Non-Nursing
- Doctorate in Nursing
- Doctorate, Non-Nursing

Current Position or Role (mark all that apply)

- Academic Faculty
- Case Manager
- Clinical Nurse Specialist
- Consultant
- Manager or Supervisor
- Nurse Executive, Administrator
- Nurse Midwife
- Nurse Practitioner
- Staff Nurse
- Staff Development / Clinical Educator
- Other _____

Primary Nursing Specialty

- Cardiac Nursing
- Community or Public Health
- Critical Care, Trauma, NICU
- Emergency
- Geriatric Nursing
- Home Health
- Hospice / Palliative Care
- Medical / Surgical
- Obstetrics / Women's Health
- Occupational Health
- Oncology
- Orthopedics
- Pediatrics
- Perioperative (OR, PAR, Recovery)
- Primary Care
- Psychiatric / Mental Health
- School Health
- Wound Care
- Other _____

Place of Primary Employment (mark all that apply)

- Ambulatory / Outpatient Clinic / Primary or Specialty Care Office
- Business, Industry
- Community or Public Health
- Home Health Agency
- Hospital
- Long Term Care Facility
- School
- School of Nursing
- State / Local / Government Agency
- Other (please specify): _____

Other Information

Do you practice independently or own your own practice?

- Yes No

Date you earned your RN license?

Month _____ Year _____

Date of birth:

Month _____ Year _____

Sex: Female Male

Questions? Call membership services at (503) 293-0011 or contact us through our website:

www.OregonRN.org

Mail completed application form to:

Oregon Nurses Association
18765 SW Boones Ferry Rd. Suite 200
Tualatin, OR 97062

Or send by FAX to (503) 293-0013