

## **North Carolina Organization of Nurse Leaders**

P.O. Box 1313, Angier, North Carolina 27501

## **MEMBERSHIP APPLICATION**

□ RENEWAL

 $\square$  NEW

| FIRST NAME  | MIDDLE INITIAL   |             | LAS                     | ST NAME                                  |
|---|------------------|-------------|-------------------------|--|
| MAILING ADDRESS   | CITY             | STATE       | ZIP                     | PREFERRED PHONE #                        |
| WORK E-MAIL ADDRESS                                       |                  |             | HO                      | DME EMAIL ADDRESS                        |
| POSITION OR TITLE   |                  |             | $\overline{\mathbf{M}}$ | AJOR, IF STUDENT                         |
| EMPLOYER  | CITY             |             |                         | STATE ZIP                                |
| Once you receive your memb<br>password, and complete your |                  |             |                         | se follow directions to log in, create o |
|   |                  |             | 440                     |  |
| Annual Membership Fee: □ In                               | ndividual - \$12 | 25; □ Retii | ee - \$100              | 0; □ Full-time Student - \$62.50         |