



**North Carolina Organization of Nurse Leaders**  
**3434 Edwards Mills Rd. Suite 112-106, Raleigh, NC 27612**  
**MEMBERSHIP APPLICATION**

NEW                       RENEWAL

\_\_\_\_\_  
FIRST NAME                      MIDDLE INITIAL                      LAST NAME

\_\_\_\_\_  
MAILING ADDRESS                      CITY                      STATE                      ZIP                      PREFERRED PHONE #

\_\_\_\_\_  
WORK E-MAIL ADDRESS                      HOME EMAIL ADDRESS

\_\_\_\_\_  
POSITION OR TITLE                      MAJOR, IF STUDENT

\_\_\_\_\_  
EMPLOYER                      CITY                      STATE                      ZIP

\_\_\_\_\_  
NC RN LICENSURE #                      COMPACT #                      EXPIRATION DATE

Please share the following information to assist us with our membership demographics:

MALE                       FEMALE

Practice Specialty \_\_\_\_\_                      Years in Nursing \_\_\_\_\_

For Internal Statistical Purpose Only	Last Degree Completed	Age
<input type="checkbox"/> African American	<input type="checkbox"/> ADN	<input type="checkbox"/> 20 or younger
<input type="checkbox"/> Asian American	<input type="checkbox"/> BSN	<input type="checkbox"/> 21-30
<input type="checkbox"/> Caucasian American	<input type="checkbox"/> MSN	<input type="checkbox"/> 31-40
<input type="checkbox"/> Latin American	<input type="checkbox"/> DNP	<input type="checkbox"/> 41-50
<input type="checkbox"/> Native American	<input type="checkbox"/> PhD	<input type="checkbox"/> 51-60
<input type="checkbox"/> Other	<input type="checkbox"/> Other _____	<input type="checkbox"/> 61 or older

ANCC Certification (please list certification or N/A) \_\_\_\_\_

Annual Membership Fee: \$125                      (Full-time Students or Retirees \$62.50)

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

Mail check with application to: NCONL, 3434 Edwards Mill Rd. Suite 112-106, Raleigh, NC 27612