



MEMBERSHIP APPLICATION

APPLICATION DATE: _____

NAME: _____

CREDENTIALS: _____

POSITION: _____

TITLE: _____

ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

CITY | STATE | ZIP CODE: _____

WORK PHONE: _____

FAX: _____

EMAIL: _____

DISTRICT (1 – 7): _____

DO YOU CURRENTLY BELONG TO AONE (American Organization of Nurse Executives): _____

ARE YOU A MEMBER OF ANY OTHER PROFESSIONAL ORGANIZATIONS (Please List) : _____

If you would like to pay online, please call 517.318.6333 or mail remittance check, payable to MONE, along with membership application to: MONE | 2501 Jolly Rd., Suite 110 | Okemos, MI 48864

**New Member_ \$120 Renewal Membership_ \$120 Associate Membership_ \$50*
Affiliate Membership_ \$100** Honorary (Retired)_ NO FEE**

Membership period is January 1 through December 31. New memberships received after September 1 carry through the new fiscal year.

***Associate Members** shall be registered nurses who are students enrolled in a relevant degree program and not otherwise eligible for membership. They may attend MONE business and educational meetings, but not be permitted to vote or hold office.

****Affiliate Members** of MONE shall be individuals who are not Registered Nurses but who support the mission and vision of MONE. They may attend MONE business and educational meetings, but will not be considered full members, not be permitted to vote in the meetings of, or hold office in or vote for, the directors or officers of the MONE.