



HCONS CHAPTER
MEMBERSHIP APPLICATION

Date: _____

REQUIREMENTS:

1. **Member of ONS National**
2. Chapter dues \$25, payable to HCONS (**Please include this form with your payment**)

PRINT NAME: _____ **OCN** _____ **AOCN** _____

ADDRESS: _____

EMPLOYER: _____

POSITION: _____

HOME PHONE: _____ **WORK PHONE:** _____

PRINT EMAIL: _____

PRIVACY: YES _____ NO _____ (If NO, all above will be included in Chapter Directory)

ONS #: _____ **EXP. DATE:** _____

***MUST SUBMIT COPY OF ONS MEMBERSHIP CARD WITH THIS APPLICATION!!**

Highest Level of Educational Preparation:

Student _____ **Diploma** _____ **ADN** _____ **Baccalaureate** _____ **Masters** _____ **Doctorate** _____

Are you a member of a Special Interest Group? _____

Are you a member of other professional organizations? _____

Referred By: _____

WOULD YOU BE INTERESTED IN THE FOLLOWING COMMITTEE (S):

- | | | |
|-----------------------------------|----------------------------|----------------|
| _____ Membership | _____ Nominating | _____ Program |
| _____ Newsletter | _____ Archives | _____ Research |
| _____ Community Outreach | _____ Government Relations | _____ Website |
| _____ Oncology Nursing Foundation | | |

MEMBERSHIP STATUS:

_____ **New** _____ **Renewal** _____ **Associate Member** _____ **Student Member**
(Full Time Students pay ½ membership price)

PREFERENCE FOR COMMUNICATION:

_____ **EMAIL** _____ **MAIL**

Mail payment, membership form, and a copy of ONS membership card to:

Sally De LaCruz PO Box 273409 Houston, Tx 77277 sfernand@mdanderson.org	or	Joan Valasek-Farmer 4610 Ten Sleep Lane Friendswood, Tx 77546 jvalasek@mdanderson.org
For MDACC Employees you may mail interoffice to : R8.1516, Box 357		