



# Oncology Nursing Society Membership Application

## Oncology Nursing Society

P.O. Box 3510 • Pittsburgh, PA 15230-3510  
 Toll Free: 866-257-4ONS • Phone: 412-859-6100  
 Toll-Free Fax: 877-369-5497 • Fax: 412-859-6162  
 E-mail: customer.service@ons.org • www.ons.org

### YOUR PROFILE

(PLEASE PRINT)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Credentials Used: \_\_\_\_\_

ONS ID#: \_\_\_\_\_

### HOME ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### BUSINESS ADDRESS

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### CONTACT INFORMATION

Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Please check your preferred:

- Mailing Address:**  Home  Business  
**Telephone:**  Home  Business  Cell

- I do not want my contact information released to third party organizations (this includes information regarding conference satellite symposia).  
 Yes. I would like to receive important updates, information, and member-only savings from ONS and its affiliates via fax.  
 ONS members receive important updates, information, and member-only savings from ONS and its affiliates via e-mail. Please check here if you do not want to receive these communications. You can customize which messages you receive at <https://profile.ons.org>.

#### Office Use Only

MID \_\_\_\_\_ Exp. Date \_\_\_\_\_

Free Rec'd \_\_\_\_\_ Code M10PDF

### MEMBER-BRING-A-MEMBER INFORMATION

Please complete this section only if you were invited/encouraged to join ONS by an existing member. Please print clearly.

Referred By: \_\_\_\_\_

Their Chapter: \_\_\_\_\_

### YOUR MEMBERSHIP CATEGORY

As part of your dues, \$9.78 is for a one-year subscription to the *Oncology Nursing Forum*, \$8.84 is for a one-year subscription to the *Clinical Journal of Oncology Nursing*, \$4.53 is for a one-year subscription to *ONS Connect*, and \$3.66 is for full access to [www.ons.org](http://www.ons.org). Contributions or gifts to the Oncology Nursing Society are not tax deductible as charitable contributions. However, 98.51% may be tax deductible as ordinary and necessary business expenses. \$1.52 of dues is used for ONS's lobbying activities and is not deductible. Contributions or gifts to the ONS Foundation are considered charitable contributions. Funds donated to the ONS Foundation are used for nursing education, nursing research, and cancer public-education grants and awards.

MEMBERSHIP	1 YEAR	2 YEAR
Active (only registered nurses are eligible)	<input type="checkbox"/> \$102	<input type="checkbox"/> \$194
Student Membership (full-time students who are not yet RNs)	<input type="checkbox"/> \$51	<input type="checkbox"/> n/a
Senior Registered Nurse (at least 62 years of age)	<input type="checkbox"/> \$62	<input type="checkbox"/> n/a
Physically Challenged (RNs who qualify for active membership who receive long-term disability benefits)	<input type="checkbox"/> \$51	<input type="checkbox"/> n/a
Associate (only non-RN healthcare professionals are eligible)	<input type="checkbox"/> \$102	<input type="checkbox"/> \$194
Special Interest Group membership (see reverse for details)		
SIG 1:	FREE	FREE
SIG 2:	FREE	FREE
SIG 3:	FREE	FREE
SIG 4:	FREE	FREE
ONS Foundation (optional tax-deductible gift) Or \$ _____	\$10	n/a
<b>GRAND TOTAL</b>	<b>\$</b>	

### METHOD OF PAYMENT (please print clearly)

I have enclosed a check or money order in the amount of \$ \_\_\_\_\_  
 Make check payable to Oncology Nursing Society. Non-U.S. residents, please state U.S. funds on your check and mail to ONS, P.O. Box 3510, Pittsburgh, PA 15230-3510.

**Credit Card:**  Visa  MC  AmEx  Discover Exp date: \_\_\_\_\_

Card number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder phone: \_\_\_\_\_

**\* Have you joined your free special interest group (SIG)?  
See the back of this application for details!**

ONS collects personal and professional demographic information to better serve its members. Personal demographic information, including race, gender, and salary, is collected to define and evaluate the diversity of ONS membership. Individual member's personal demographic information is not distributed or disseminated.

**When completing the following demographic information, please leave any categories and selections that do not apply to you blank.**

## EDUCATIONAL INFORMATION

### HIGHEST DEGREE COMPLETED

(select one)

#### Nursing

- Associate  DNP  Master's  
 Bachelor's  DNSc  
 Diploma  PhD

#### Other Field

- Associate  Master's  
 Bachelor's  Doctorate

### CURRENT ENROLLMENT

(select one if currently enrolled)

- Associate  Doctorate  
 Bachelor's  Master's  
 Diploma

#### Current Education Status

- Full time  
 Part time

## CAREER EXPERIENCE

Years experience in: Nursing: \_\_\_\_\_ Oncology: \_\_\_\_\_

## PROFESSIONAL INFORMATION

### LICENSE STATUS (select all that apply)

- LVN/LPN  RN  
 APRN (includes NPs)

### EMPLOYMENT STATUS (select one)

- Full-time  Retired  
 Part-time  Unemployed

### PRIMARY FUNCTIONAL AREA

(select one)

- Administration  Patient Care  
 Education  Research  
 Other \_\_\_\_\_

### PRIMARY PATIENT SETTING

(select one)

- Adult  Adult and Pediatric  
 Pediatric

### PRIMARY POSITION (select one)

- Academic Educator  
 Case Manager  
 Clinical Nurse Specialist  
 Clinical Trials Nurse  
 Consultant  
 Director/Manager/Coordinator  
 Genetic Counselor  
 Medical Science Liaison  
 Nurse Navigator  
 Nurse Practitioner  
 Nurse Scientist  
 Patient Educator  
 Pharmaceutical Representative  
 Staff Educator  
 Staff Nurse/Nurse Clinician  
 VP/CNO  
 Other \_\_\_\_\_

### PRIMARY SPECIALTY (select one)

- Blood and Marrow Transplantation  
 Medical Oncology  
 Palliative Care  
 Prevention/Detection  
 Radiation Oncology  
 Surgical Oncology  
 Other \_\_\_\_\_

### FLUENT LANGUAGE

(other than English)

- Arabic  German  
 Bengali  Hindi/Urdu  
 Chinese  Italian  
 French  Japanese  
 Other \_\_\_\_\_

### PRIMARY WORK SETTING

(select one)

#### Inpatient

- Bone Marrow Transplant Unit  
 Intensive Care Unit  
 Medical Unit-General  
 Medical Unit-Oncology  
 Surgical Unit-General  
 Surgical Unit-Oncology  
 Other \_\_\_\_\_

#### Outpatient

- Hospice  
 Hospital-Based Clinic  
 Physician Office/Infusion Center  
 Radiation-Free-Standing  
 Radiation-Hospital-Based  
 Other \_\_\_\_\_

#### Other

- Corporate/Industry  
 Extended Care Facility  
 HMO/Managed Care  
 School of Nursing  
 Self-employed  
 Other \_\_\_\_\_

### TYPES OF CANCERS/ DISORDERS

(select up to three areas of expertise)

- Bladder Cancer  
 Brain Cancer  
 Breast Cancer  
 Cervical Cancer  
 Colorectal Cancer  
 Head and Neck Cancers  
 Nonmalignant Hematologic Disorders  
 HIV/AIDS  
 Hodgkin Disease  
 Leukemia  
 Lung Cancer  
 Lymphoma  
 Skin Cancer/Melanoma  
 Multiple Myeloma  
 Ovarian Cancer  
 Pancreatic Cancer  
 Prostate Cancer  
 Renal Cancer  
 Sarcoma  
 Testicular  
 Uterine Cancer

**Are you a member of the American Nurses Association?**  Yes  No

## BIOGRAPHICAL DATA

ONS is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional.

### AGE (years)

- 20-24  40-44  60-64  
 25-29  45-49  65-69  
 30-34  50-54  Over 69  
 35-39  55-59

### Birth day

(month and day)

### RACE

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Caucasian/White  
 Mixed Race  
 Native Hawaiian/Pacific Islander  
 Other Race (those not listed)

### Are you an oncology nurse?

- Yes  No

### Does your employer pay for or reimburse you for membership dues?

- Yes  No

### Are you Hispanic/Latino?

- Yes  No

### SEX

- Male  Female

### INDIVIDUAL SALARY RANGE

- \$20,000-\$29,999  
 \$30,000-\$39,999  
 \$40,000-\$49,999  
 \$50,000-\$59,999  
 \$60,000-\$69,999  
 \$70,000-\$79,999  
 \$80,000-\$89,999  
 \$90,000-\$99,999  
 \$100,000-\$109,999  
 \$110,000-\$119,999  
 \$120,000-higher

## JOIN UNLIMITED SPECIAL INTEREST GROUPS FOR FREE!

SIGs provide a valuable means of networking with your colleagues in your subspecialty. ONS members receive unlimited free SIG memberships. Please list your SIG memberships in the space provided on the first page of this application. Contact ONS Customer Service or visit [www.ons.org](http://www.ons.org) for more information.

- Acute and Critical Care
- Advanced Nursing Research
- Ambulatory/Office Nursing
- Blood and Marrow Stem Cell Transplant
- Breast Care
- Cancer Genetics
- Chemotherapy
- Clinical Nurse Specialist
- Clinical Trial Nurses
- Complementary and Integrative Therapies
- Ethics
- Home Care & Palliative Care
- Lymphedema Management
- Management and Program Development
- Neuro-Oncology
- Neutropenia
- Nurse Navigator
- Nurse Practitioner
- Pain Management
- Pharmaceutical/Industry Nursing
- Prevention/Early Detection
- Radiation
- Spiritual Care
- Staff Education
- Surgical Oncology
- Survivorship, Quality of Life, and Rehabilitation
- Targeted and Biological Therapies
- Transcultural Nursing Issues

## FOUR EASY WAYS TO JOIN TODAY!

To join ONS and begin receiving your member-only benefits, simply complete both sides of this application and submit with payment one of three easy ways:

1. Fax to 877-369-5497 or 412-859-6162
2. Mail to ONS • P.O. Box 3510 • Pittsburgh, PA 15230-3510
3. Join online at [www.ons.org](http://www.ons.org)
4. Call us at toll free at 866-2574ONS (412-859-6100)