

Oregon Holistic Nurses Association

Membership Form

All are welcome!

Contact information is transferred directly into the OHNA Membership Directory

- NEW MEMBER
- RENEWAL

First Name _____ MI ____ Last Name _____

Credentials (initials only) _____

Address _____

City _____ State _____ Zip _____ Country _____

Day Phone _____ Evening Phone _____

Fax Number _____ E-Mail _____

Private Practice Name:

Name of person who referred you?

Private Practice: _____

Website: _____

Where did you get your membership application?

Main Area of Employment

- Private individual practice
- Academic/Ed. Institution
- Hospital/Clinic/Group Practice
- Home Care/Hospice
- Student
- Retired
- Other _____

Member Category & Annual Dues (please check one)

- Active** **\$30** RNs, LPNs currently licensed to practice.
- Student** **\$20** Full-time students
- Elder*** **\$15** Birth date ____ / ____ / ____ RNs, LPNs age 65 years or over.
- Supporting** **\$30** Non-nurses who wish to participate with AHNA.

Please indicate professional training and associations:

Education completed:

Certifications:

Professional Associations:

Do you want to:

- receive mailings pertinent to holistic health? yes no
- be included in the OHNA web site Member Directory? (available to members only) yes no
- to join the on-line discussion list? yes no

PAYMENT

Membership

Membership fee \$ _____

Services

	fee	total
<i>Web site Practitioner Directory listing</i> - first year	\$ 25	\$ _____
<i>Online Practitioner Directory listing</i> – renewal	\$10	\$ _____

Donations

I am delighted to put my money where our mission is! I'd like to help the OHNA unite nurses in healing with my tax-deductible donation.

\$10 \$25 \$50 \$100 \$200 \$500 \$1000 \$5000 Other \$ _____

TOTAL \$ _____

CHECK OR MONEY ORDER

Payable to: Oregon Holistic Nurses Association

Please send this form to:

**OHNA
PO Box 1010
Jefferson, OR 97352**

*You will be receiving an e-mail confirming your payment