



# OHNA Membership Form

## *All Are Welcome!*

**I wish to have my contact information transferred onto the Membership Directory of the OHNA website**

- I prefer my membership listing remain private  
 I prefer my membership listing appear to the public (no contact information is visible)

**NEW MEMBER**

**RENEWAL**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Professional License/ Credentials: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Private Practice Name (if applicable): \_\_\_\_\_

Personal Professional website url: \_\_\_\_\_

How did you learn about OHNA? \_\_\_\_\_

\_\_\_\_\_

**Main Area of Employment:**

- Private independent practice    Academia    Hospital    Clinic/Group Practice  
 Home Care/Hospice    Student    Retired    Other \_\_\_\_\_

**Please indicate professional training and associations:**

Education completed: \_\_\_\_\_

Certifications (please write out full cert): \_\_\_\_\_

Professional Associations: \_\_\_\_\_

**To help us comply with the law, please indicate if you wish to receive mailings pertinent to holistic health.**

- Yes                       No



**Membership Categories**

- Active (\$35)** RNs, LPNs currently licensed to practice
- Associate (\$35)** Holistic Health Practitioner, not a licensed nurse
- Student (\$25) Required:**

Name of school \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

- Elder (\$25)** RNs, LPNs, and Holistic Health Practitioners age 65 and over

If you choose to upgrade your membership with a professional profile page, professional logo, website and facebook links, please see the additional membership investment below.

**PAYMENT**

**Membership Type (check only one box)**

- Elder Membership **\$25**
  - Elder w/Profile **\$50**
  - Elder w/Profile, Logo, and Link **\$80**
- Regular Membership **\$35**
  - Regular w/Profile **\$60**
  - Regular w/Profile, Logo, and link **\$90**
- Student Membership **\$25**
  - Student w/Profile **\$50**
  - Student w/Profile, Logo, and link **\$80**
- Associate Membership **\$35**
  - Associate w/Profile **\$60**
  - Associate w/Profile, Logo, and link **\$90**

**Annual Membership Dues.....TOTAL \$ \_\_\_\_\_**

Please mail this form with a **check or money order** to:

**OHNA  
c/o Cordy Anderson  
ATTN: OHNA Treasurer  
466 W 17th Avenue  
Eugene, OR 97401**

**Make Payable to: Oregon Holistic Nurses Association**

\*You will receive a confirmation email when your payment is received