

Membership Application

Society of Otorhinolaryngology & Head-Neck Nurses



FOR OFFICE USE ONLY

Date Rec'd _____
 Code _____
 Chapter _____
 Ck #/cc _____
 Processed _____

207 Downing Street ~ New Smyrna Beach, FL 32168
 Phone ~ 386-428-1695 Fax ~ 386-423-7566
 Email~sohnnnet@aol.com Website~www.sohnnurse.com

Miss _____
 Mrs. _____
 Ms. _____

Mr. Last Name First Name Initial

Preferred Mailing Address: ___ home ___ business
 Home Address _____ Apt# _____

City _____ State _____

Zip _____ Country _____

Home Telephone: _____

Email: _____

Area of Practice

- Allergy (AL)
- Head & Neck Oncology (HN)
- Multi-ORL (ORL)
- Multi-Specialty Unit (MSU)
- Otolaryngology (OTO)
- Pediatric ORL (PED)
- Plastics (PL)
- Other (OT) _____

Practice Setting

- Ambulatory Surgery (AMB)
- Home Health (HH)
- Hospital (HS)
- Federal/ Military (MIL)
- Long Term Care (LTC)
- Operating Room (OR)
- Outpatient Clinic (OUT)
- Physicians Office (OFC)
- Other (OT) _____

___ Full Time ___ Part Time ___ Retired

Permission to include your membership information in the SOHN Membership Directory (secure SOHN Members area of the website) and mailing lists:

(Please initial) ___ Yes ___ No

Are you a member of another nursing organization?

(Ex. AORN, ANA, etc.) If yes, which one(s)?

Total years in:

Nursing _____ ORL Nursing _____ SOHN _____

DUES

SOHN Membership Year ~ March 1 – February 28

Membership includes professional Journal and Newsletter

Full Member – RN – Voting Member	\$125.00
Associate Member – LPN/LVN – Non-Voting	\$125.00
Retired	\$ 63.00
Late Renewals (after March 1)	\$135.00
Two Year Renewal	\$240.00
Donation to the ENT Nursing Foundation	\$ 40.00
Other ENT-NF Donation Amount	\$ _____
	Amount Paid \$ _____

Chapter membership included with dues, please choose a chapter.

- Atlanta Regional (ATL)
- Birmingham, AL (BIR)
- Chicago (CHI)
- Connecticut Chapter (CT)
- Dallas – Fort Worth (DFW)
- Grand Rapids (GRC)
- Greater Boston (BOS)
- Greater Cleveland (CLV)
- Greater Houston (HSN)
- Heartland/ Iowa (HRC)
- Maryland/DC (MDC)
- North Carolina (NC)
- St. Louis (SLC)
- Salt Lake City (SALT)
- South Carolina (Low Country) (SC)
- SE Pennsylvania (SEP)
- Wisconsin (WIS)

Referred by _____

Credential(s) you presently use following your name _____

Employer Name _____

Employer Address _____

City _____ State _____

Zip _____ Country _____

Work Telephone: _____

Fax: _____

Highest Level of Education

- LPN/LVN Certificate (LPN)
- Diploma (DIP)
- Bachelors, Nursing (BSN)
- Masters, Nursing (MSN)
- Doctoral, Nursing (PHDN)
- Other (OT)
- Associate, Nursing (ASN)
- Bachelors, Other (BS)
- Masters, Other (MS)
- Doctoral, Other (PHD)

Special Interest Groups

- Advanced Practice (AP)
- Allergy/ Sinus (AL)
- Facial Plastics (FP)
- Federal/Military (MIL)
- Geriatric (GER)
- Head & Neck (HN)
- Office/ Outpatient (OUT)
- Otolaryngology (OTO)
- Pediatric (PED)
- Perioperative (OR)

Please make checks payable to: SOHN

Credit Card Information

American Express ___ Discover ___ Master Card ___ VISA ___
 Exp. Date _____

Account # _____ - _____ - _____ - _____

VIN# (Last 3 numbers from back of card) _____

Billing address for Credit Card _____

Signature _____

Online: Join or Renew at www.sohnnurse.com

Mail to:

SOHN
 207 Downing Street
 New Smyrna Beach, FL 32168
 USA

Fax to:

386-423-7566