Membership Application

Society of Otorhinolaryngology & Head-Neck Nurses

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

Miss *Please Print Legibly*
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)
__Otology/Neurotology (OTO)
__ Pediatric ORL (PED)
__ Plastics (PL)
__ Other (OT) _____

Practice Setting

__ Ambulatory Surgery (AMB)
__ Home Health (HH)
__ Hospital (HS)
__ Federal/ Military (MIL)
__ 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 (CT)
__ Dallas – Fort Worth (DFW)
__ Grand Rapids (GRC)
__ Greater Boston (BOS)
__ Greater Cleveland (CLV)
__ Greater Houston (HSN)
__ Heartland/ Iowa (HRC)
__ Maryland/DC (MDC)
__ Nebraska (NEB)
__ North Carolina (NC)
__ St. Louis (SLC)
__ Salt Lake City (SALT)
__ SE Michigan (SEM)
__ 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 _____

I am interested in the following education topics:

_____

_____

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)
__ Otology (OTO)
__ Pediatric (PED)
__ Perioperative (OR)
__ Research (R)

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