

Referred by: _____

SOHN member _____

Other _____

Membership Application

Society of Otorhinology & Head-Neck Nurses

362 Gulf Breeze Parkway, #137 ~ Gulf Breeze, FL 32561
 Email~info@sohnnurse Website~www.sohnnurse.com
 Phone~386-428-1695 Fax~386-423-7566



Please Print Legibly

 Title Last Name First Name

Preferred Mailing Address: ___ home ___ business
 Home Address _____ Apt# _____
 City _____ State _____
 Zip _____ Country _____
 Home Telephone _____
 Email _____

Credential(s) you presently use following your name _____
 Employer Name _____
 Employer Address _____
 City _____ State _____
 Zip _____ Country _____
 Work Telephone _____
 Fax _____

Area of Practice

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

Practice Setting

___ Ambulatory Surgery (AMB) ___ Operating Room (OR)
 ___ Home Health (HH) ___ Outpatient Clinic (OUT)
 ___ Hospital (HS) ___ Private practice office (OFC)
 ___ Federal/ Military (MIL) ___ Other (OT) _____
 ___ Full Time ___ Part Time ___ Retired

___ I do not want my information shared on the SOHN Membership Directory (secure SOHN Members area of the website) please check

Are you a member of another nursing organization? (Ex. AORN, ANA, ONS, 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) ___ Heartland/ Iowa (HRC)
 ___ Birmingham, AL (BIR) ___ Maryland/DC (MDC)
 ___ Chicago (CHI) ___ Nebraska (NEB)
 ___ Connecticut (CT) ___ North Carolina (NC)
 ___ Dallas – Fort Worth (DFW) ___ St. Louis (SLC)
 ___ Grand Rapids (GRC) ___ Salt Lake City (SALT)
 ___ Greater Boston (BOS) ___ SE Michigan (SEM)
 ___ Greater Cleveland (CLV) ___ SE Pennsylvania (SEP)
 ___ Greater Houston (HSN) ___ Wisconsin (WIS)
 ___ Greater Southern and Central New Jersey

Highest Level of Education

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

Special Interest Groups

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

Please make checks payable to: SOHN

Credit Card Information

American Express ___ Discover ___ Master Card ___ VISA ___

Exp. Date ___ / ___

Account # _____

CVC/CVV# _____ (4 numbers on front of AMEX or 3 on back of MC/Visa)

Zip Code for Credit Card _____

Signature _____

Online: Join or Renew at www.sohnnurse.com

Mail to: SOHN
362 Gulf Breeze Parkway, #137
Gulf Breeze, FL 32561
USA

Fax: 386-423-7566