

Referred by:

SOHN member

Other

Membership Application

Society of Otorhinology & Head-Neck Nurses
403 W St Charles Rd, Suite 403B, Lombard, IL 60148
Email~info@sohnnurse Website~www.sohnnurse.com
Phone~224-407-5183



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) ___ Otolaryngology (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 Retired	\$125.00
Two Year Renewal	\$ 63.00
Donation to the ENT Nursing Foundation	\$240.00
Other ENT-NF Donation Amount	\$ 40.00
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) ___ Indianapolis (IND)

___ Grand Rapids (GRC) ___ St. Louis (SLC)

___ Greater Boston (BOS) ___ Salt Lake City (SALT)

___ Greater Cleveland (CLV) ___ SE Michigan (SEM)

___ Greater Houston (HSN) ___ SE Pennsylvania (SEP)

___ Greater Southern and Central New Jersey ___ Wisconsin (WIS)

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) ___ Otolaryngology (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
403 W St Charles Rd, Suite 403B
Lombard, IL 60148
USA