



Raise the bar on professional nursing in Arizona: Passionate, visionary committed, nursing leadership is needed now more than ever!!

AzONE Mission: Promote safe, effective and affordable patient care through it's leadership and the advancement of its members as nurse leaders in healthcare delivery systems.

Application for Membership or Renewal 2009

Categories (Choose one)

Full Members of AzONE shall consist of Registered Nurse (RN) leaders or aspiring leaders. This includes those RN's who hold an organizational role of administration/management who are accountable for strategic, operational and/or performance outcomes in sites where health care is delivered; faculty in graduate and undergraduate nursing programs, including deans and directors; consultants in nursing administration/management practice; persons working in professional associations, regulatory agencies and/or accrediting health care organizations; retired full members and editors of professional nursing journals.

Full Members shall have the right to hold any elected position; vote on organizational issues; elect a slate of candidates for service on the Board of Directors; and shall have the right to elect officers of the AzONE. Full Members shall have the right to vote on amendments to the AzONE Bylaws and on any increase in the dues proposed by the Board of Directors.

Associate Members of AzONE shall be Registered Nurses who are students enrolled in a relevant degree program and not otherwise eligible for membership. They may attend AzONE business and educational meetings but will not be considered Full Members, not permitted to vote in the meetings of, hold office in or vote for directors of Officers of AzONE.

Honorary Membership is conferred on retired AzONE members upon recommendation and action by the AzONE Board of Directors. Once conferred, honorary members are entitled to all rights and privileges of Full Members for life. AzONE dues are waived for all honorary members.

Retired Members shall be any Full AzONE Member who is retired from the professional practice of nursing and has maintained AzONE membership for a period of five consecutive years prior to this application and who would not otherwise be eligible for continuing membership in AzONE. A Retired Member shall be entitled to all rights and privileges of a Full Member with the exception to hold office.

Name _____

Credentials _____

Title _____

Organization _____

Address _____

City _____ Zip _____

Phone () _____

Fax () _____

E-mail _____

I am currently a member of the American Organization of Nurse Executives

I am currently a Professional Registered Nurse

I was encouraged to join by AzONE member

Annual Dues \$100

I hereby apply for membership in the Arizona Organization of Nurse Executives for January 1, 2009 to December 31, 2009.

I understand that annual dues in the amount of \$100 must accompany this application as an active or an associate member.

Applicant's signature

Date

Please mail form and check payable to: AzONE,
1850 E. Southern Ave., Ste. 1, Tempe, AZ 85282
(480) 831-0404 www.azoneonline.org mary@aznurse.org