



ONCOLOGY NURSING SOCIETY MEMBERSHIP FORM

JOIN/
RENEW

Oncology Nursing Society

P.O. Box 3510 • Pittsburgh, PA 15230-3510
Toll Free: 866-257-4ONS • Phone: 412-859-6100
Toll-Free Fax: 877-369-5497 • Fax: 412-859-6162
help@ons.org • www.ons.org

INFORMATION

Last Name: _____

First Name: _____ Middle Initial: _____

Credentials Used: _____

ONS ID#: _____

Preferred Email: _____

Gender: Male Female

HOME ADDRESS

Preferred Address

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

Phone: _____

BUSINESS ADDRESS

Preferred Address

Institution: _____

Phone: _____

Address: _____

City: _____

State/Province: _____ Zip Code: _____

Country: _____

OPTIONAL CHAPTER MEMBERSHIP

ONS Chapters connect you to dedicated nurses who care about patient and public outreach, and provide a professional network as you're advancing your career. Many chapters partner with healthcare organizations to offer nursing continuing professional development and dinner programs.

Visit <https://www.ons.org/network/ons-chapters> to find a chapter nearest you.

Chapter(s): _____

Price: _____

Office Use Only

MID _____ Exp. Date _____

Fee Rec'd _____ Code _____

CHOOSE YOUR MEMBERSHIP CATEGORY

Select the statement that best describes you.	1 YEAR	2 YEAR
I am a registered nurse.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$235
I am a full-time student working toward my RN.	<input type="checkbox"/> Free	N/A
I've been a registered nurse for five years or less.	<input type="checkbox"/> \$94	N/A
I am a registered nurse who is 70 or older.	<input type="checkbox"/> \$75	N/A
I am a nursing professional such as a nursing assistant, research assistant, or other nursing support staff.	<input type="checkbox"/> \$75	N/A
I am a healthcare professional such as a physician, pharmacist, or industry employee.	<input type="checkbox"/> \$200	<input type="checkbox"/> \$380
Oncology Nursing Foundation (optional tax-deductible gift)		
CHAPTER(S) TOTAL	\$	
GRAND TOTAL	\$	

PAYMENT INFORMATION

I have enclosed a check or money order in the amount of \$ _____

Make check payable to Oncology Nursing Society. Non-U.S. residents, please state U.S. funds on your check and mail to ONS, P.O. Box 3510, Pittsburgh, PA 15230-3510.

Card: Visa MC AmEx Discover Exp date: _____

Card number: _____ CVC _____

Name as it appears on card: _____

Cardholder signature: _____

Cardholder phone: _____

Contributions or gifts to the Oncology Nursing Society are not tax deductible as charitable contributions. However, 99.34% of your dues may be tax deductible as ordinary and necessary business expenses. 0.83 of dues is used for ONS's lobbying activities and is not deductible. Contributions or gifts to the Oncology Nursing Foundation are considered charitable contributions. Funds donated to the Oncology Nursing Foundation are used for nursing education, nursing research, and cancer public-education grants and awards. ONS membership is nonrefundable.

FOUR EASY WAYS TO JOIN

▶ Join online at www.ons.org/join-renew-membership

▶ Call us toll free at 866-257-4ONS (412-859-6100)

▶ Mail this application to:
Oncology Nursing Society
ONS, P.O. Box 3510
Pittsburgh, PA 15230-3510

▶ Fax this application to 877-369-5497 or 412-859-6162

ONS collects personal and professional demographic information to better serve its members. These demographics are required in order to fully process the membership application. Not completing this information could cause a delay in processing of payment. Individual member's personal demographic information is not distributed or disseminated.

When completing the following demographic information, please leave any categories and selections that do not apply to you blank.

PROFESSIONAL DEMOGRAPHICS

Primary Position *(select one)*

- Academic Educator
- Case Manager
- Clinical Nurse Specialist
- Clinical Trials Nurse
- Consultant
- Director
- Genetic Counselor
- Information Architect
- Manager/Coordinator
- Medical Science Liaison
- Nurse Informaticist
- Nurse Navigator
- Nurse Practitioner
- Nurse Scientist
- Patient Educator
- Pharmaceutical Representative
- Quality Improvement
- Staff Educator
- Staff Nurse/Nurse Clinician
- VP/CNO
- Other _____

Primary Work Setting *(select one)*

- Inpatient
- Bone Marrow Transplant Unit
 - Intensive Care Unit
 - Medical/Surgical Unit—General
 - Medical Unit—General
 - Medical Unit—Oncology
 - Surgical Unit—General
 - Surgical Unit—Oncology
 - Other _____

Outpatient

- Emergency/Urgent Care
- Hospice
- Hospital-Based Clinic
- Physician Office/Infusion Center
- Radiation—Free-Standing
- Radiation—Hospital-Based
- Other _____

Other

- Corporate/Industry
- Extended Care Facility
- Insurance/Managed Care
- School of Nursing
- Self-employed
- Other _____

Primary Specialty *(select one)*

- Blood and Marrow Transplantation
- Medical Oncology
- Palliative Care
- Prevention/Detection
- Radiation Oncology
- Surgical Oncology
- Non-oncology

Non-Oncology Specialty

(select one) only required if Non-Oncology selected as Primary Specialty

- Cardiac Care
- Chronic Care
- Critical Care
- Dermatology
- Emergency/Urgent Care
- Gastrointestinal
- General Medical-Surgical
- Geriatrics
- Gynecology
- Infectious/Communicable Disease
- Infusion Services
- Neurology
- Occupational Health
- Prevention/Detection
- Primary Care
- Psychiatric/Mental Health
- Pulmonary
- Radiology
- Renal/Dialysis
- Solid Organ Transplant
- Urology
- Other

Treatment Area/s *(select all that apply)*

- Breast Cancer
- Gastrointestinal Cancers (includes pancreatic)
- Genitourinary Cancers
- Gynecologic Cancers
- Head and Neck Cancers
- Hematologic Malignancies
- Non-Malignant Hematologic Disorders
- Sarcomas
- Skin Cancers
- Head and Neck Cancers
- N/A

Years of Oncology Experience

Nursing _____

Current Nursing License *(select one)*

- APRN/CNS
 - APRN/NP
 - LVN/LPN
 - RN
 - RN Equivalent (International)
 - None
- Year Earned _____

Highest Degree Earned *(select one)*

Nursing

- Associate
- Bachelor's
- Diploma
- DNP
- Master's
- PhD/DNSc
- None • If none, what is your interest?
 - I am a nursing professional
 - I'm a healthcare professional
 - I don't have one, I'm a student
 - I'm interested in oncology

Are you a full-time student currently working toward your RN License

Yes No

School of Nursing: _____

Expected Graduation Date: _____

PERSONAL DEMOGRAPHICS

Birthday _____ (XX/XX/XXXX)

Access to the ONS Communities is included in your membership and is a great way to find other members with similar interests in an online environment.

Visit communities.ons.org to join in the discussion.

Updated 3/2024

UPDATE YOUR ONS ACCOUNT

ONS KNOWS THAT NOT ALL ONCOLOGY NURSES ARE THE SAME. HELP US UNDERSTAND WHO YOU ARE AND WHAT YOU DO, SO WE CAN BETTER SERVE YOU. YOUR INPUT HELPS TO SHAPE FUTURE ONS INITIATIVES.

ONS knows that not all oncology nurses are alike and strives to ensure you're getting the information and resources you need in your practice. One way we do this is to customize the communications you receive from us based on the demographics in your ONS account.

Create or update your ONS account today at ons.org to ensure we know who you are and what you do. In addition to using your account to customize your communications, we also look at overall membership demographics when planning educational programs, publications, conference sessions, and more. Your input will help to shape future ONS initiatives and ensure they meet your needs. Furthermore, when looking for volunteers to serve on project and planning teams, we review demographic information to match members with volunteer positions that are best suited to their skills and expertise.

ONS also believes that every nurse is a leader. We look at leadership experience when selecting volunteers for projects like conference planning teams, membership advisory panels, and more, so be sure to update the professional and leadership expertise area of your account. It won't take long, and it's the first step in getting more involved in ONS at the national level.