ONA
OKLAHOMA NURSES ASSOCIATION

Organizational Affiliate Membership Application

Organization Name:_____

Organization Abbreviation:_____

Office Phone Number:( )_____

E-Mail Address:_____

Contact Name:_____

Contact Address:_____

City_____State_____ Zip Code_____

Home Phone: ( ) _____

Legislative Contact & Email Address, if different: _____

_____

Practice Contact & Email Address, if different: _____

_____

Please remember to include the organizational affiliate fee of $500.00 with application, or supply payment information below. Make check payable to the Oklahoma Nurses Association.

Credit Card #: _____/_____/_____/_____ CVV _____ EXP _____/_____
Name on Card: _____
Signature: _____ Date: _____

ONA Office use only

Date Received:_____ Date of Membership:_____

Affiliate Fee ($500.00) Check #:_____Amount Paid:_____

Expiration Date:_____ Reinstatement Date:_____