

# ILLINOIS ORGANIZATION OF NURSE LEADERS

P. O. Box 350, Kenilworth, IL 60043-0350 • Tel. 847-251-1400 • Fax: 847-256-5601

## ANNUAL MEMBERSHIP INVOICE

Now to December 31, 2008

Please write (in the blank spaces provided) any missing or corrected information for your membership listing. Please be complete and accurate and clearly type or print all needed information. Thank you.

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please check  if you are a Chief Nurse Executive      Work County: \_\_\_\_\_ Home County: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**PREFERRED MAILING ADDRESS:**     Work     Home

**Basic Nursing Education:**     Diploma     Associate Degree     Baccalaureate

**Advanced Education:** \_\_\_\_\_

**Degree/Major:** \_\_\_\_\_

**Member Type:**     Full     Associate     Honorary      **AONE Member:**     Yes     No

**Committees:** *Become a committee member. Please select one of the following:*

Image & Role     Policy & Advocacy     Education & Professional Development

Strategic Planning & Relationships     Work Environment

**IONL Regional Chapter Dues: Please refer to the map on reverse side and indicate your region as follows:**

Region 1A \_\_\$20; Region 1B \_\_\$10; Region 2A \_\_\$20; Region 2B \_\_\$15;

Region 3A \_\_\$20; Region 3B \_\_\$25; Regions 4&5 \_\_\$30.

**Note: State Dues** for full members are based on a sliding scale using base salary at the time of renewal, initial application, or reinstatement. (IONL FEIN: 36-3593616):

**Up to \$80,000:** \$100 + \_\_\_\_\_ Regional Dues OR 10% discount if 3 or more\* from the same organization = \$ \_\_\_\_\_

**\$80,000 & over:** \$200 + \_\_\_\_\_ Regional Dues OR 10% discount if 3 or more\* from the same organization = \$ \_\_\_\_\_

\* Please mail in the dues forms (one per person) with payment together to qualify for the discount.

➤ Please charge my dues of \$ \_\_\_\_\_ to my credit card: \_\_\_ VISA, \_\_\_ MasterCard, or \_\_\_ AmEx (fax to: 847-256-5601)

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ (month/year)      Signature: \_\_\_\_\_

➤ Enclosed is my check for \$ \_\_\_\_\_, made payable to IONL.

Please mail your check and filled dues form to: IONL, P. O. Box 350, Kenilworth, IL 60043-0350.