

SGNO MEMBERSHIP FORM

Name: _____

Credentials used after your name: _____

Preferred Mailing Address: _____

City, State: _____

Zip Code: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____

Current Educational Enrollment: Not Enrolled Full-time Student Part-time Student

Highest Degree in Nursing: Diploma Assoc. Bachelor's Master's Doctorate None

Highest Degree in other Field: Associate Bachelor's Master's Doctorate

Certifications: _____

Employment Status: Full-time Part-time Unemployed Retired

Primary Functional area: Administrative Clinical/Patient Care Education Research

Other _____

Position Title: _____

Primary Work Setting (Check only one):

- Inpatient Oncology Unit Med/Surg Unit Hospital based clinic Radiation Center
 Physicians Office Home Care Hospice Nursing School HMO/Managed Care
 Self-employed Corporate/Industry Other _____

Secondary Specialties (Check up to two):

- Chemo/Biotherapy Pain Mgmt Prev/Screening Patient Education Breast
 Palliative Care Genetic Counseling Other _____

Member of ONS: Yes No

Member of GOG: Yes No

Biographical Information: Female Male

Age: 20-29 30-39 40-49 50-59 60-69 60-65 Over 65

Electronic Membership Directory: List my information Do not list my information

Membership Dues: \$50.00/one year membership \$90.00/two year membership

\$200.00 organizational one-year membership

Remit Application and Dues to:

SGNO 4722 Cornoustie Pasadena, TX 77505