



# Rural Nurse Organization



## RURAL NURSE ORGANIZATION MEMBERSHIP/RENEWAL APPLICATION

I hereby make application for membership in the Rural Nurse Organization and agree to abide by the Bylaws, Rules and Regulations of the Organization.

Please complete all information

**I am a:**

- New member**
                         
  **Renewing member**

**Indicate Membership Level:**

- Individual Membership (\$55 Annually)**
                         
  **Student Membership (\$25 Annually)**
                         
  **Institutional Membership (\$200 Annually)**

**Name :** \_\_\_\_\_

**Mailing Address :** \_\_\_\_\_

**Email Address :** \_\_\_\_\_

**Telephone :** \_\_\_\_\_

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

**Employer's Address :** \_\_\_\_\_

I have expertise or skills I am willing to share with other rural nurses and give my permission to be included in the Resource Network Directory. Please briefly describe:

**I would be interested in serving on the following committee(s): (check all that apply):**

- Bylaws**
                         
  **Communications**
                         
  **Education**
                         
  **Membership**  
 **Finance**

Include annual dues of \$55.00 US Funds Payable to:

**Rural Nurse Organization (RNO)**

and mail to: **Rural Nurse Organization, P.O. Box 11025, Tuscaloosa, Alabama, 35486-0007, USA**

**Also, please select one of the following:**

- Please distribute my address to those organizations holding educational events targeted to rural nurses and approved by the RNO Executive Committee.**  
 **I do not wish my address distributed for education events targeted to rural nurses.**

Signature:

Date:

Title and Area of Practice: