



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/Retired 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 in US Funds Payable to: **Rural Nurse Organization (RNO)**
mail to: **Rural Nurse Organization, P.O. Box 11025, Tuscaloosa, Alabama, 35486-0007, USA**
or E-mail to rno@bama.ua.edu and submit your payment online through the PayPal secure button.

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: