

Membership Application Kansas Organization of Nurse Leaders

(For Office Use)
Check # _____
Amount \$ _____
Received _____

New Membership Renewal

Please type or print clearly.

Last Name First Name Middle Initial

Current Position Title

Organization

Work Address City Zip

Work Phone Number Cell Phone Number

County KONL District E-mail Address

Home Address City Zip

Home Phone Number

What degrees or diplomas have you earned?

Please be specific.

Are you a member of the AMERICAN ORGANIZATION FOR NURSING LEADERSHIP? YES NO

Were you a member of KONL last year? YES NO

Are you interested in being on one of the committees of KONL? Please check the committee of interest:

Program Membership Communication Bylaws Nomination Advocacy

Full Member Dues - \$65

Full membership is available to all **registered nurses** serving in leadership roles. Full members may attend KONL business meetings, hold office and vote.

Affiliate Member Dues - \$65

Affiliate members shall be licensed practical nurses serving in leadership roles. Affiliate members may attend KONL business meetings, educational programs and vote. Affiliate members are not eligible to hold office.

Associate Member Dues - \$0

Associate members shall be nursing students enrolled in an undergraduate degree program. Associate members are not eligible to vote or hold office, but may attend KONL educational programs.

Payment of Dues: Remittance of dues must accompany this application. Please make check payable to the Kansas Organization of Nurse Leaders. Membership application and payment of dues are also available on the KONL Website: <https://ksnurseleaders.nursingnetwork.com/>.

Applicant's Signature and Date

Kansas Nursing License Number

Mail this application along with your remittance to:

KONL
215 SE 8th Ave.
Topeka, KS 66603