

APHON and NSNA

Partnering for the Future of Pediatric Hematology/Oncology Nursing

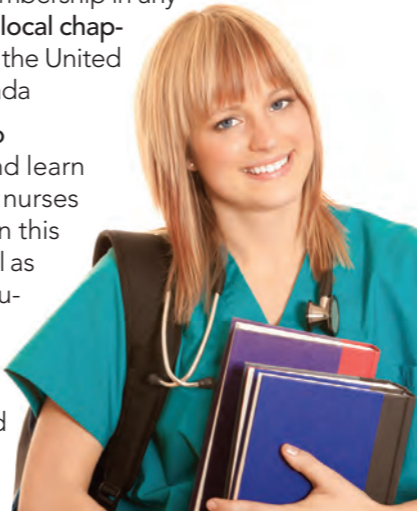
Explore your future with the Association of Pediatric Hematology/Oncology Nurses (APHON) and share the vision with the nearly 3,200 members who find great strength in each other.

APHON is a proud partner of the National Student Nurses Association (NSNA) and is pleased to offer membership to undergraduate NSNA members at a special reduced rate.

SPECIAL NSNA MEMBERSHIP FEE: \$25

As an APHON/NSNA student member, you receive

- **APHON Counts**, the quarterly membership newsletter
- **educational programs** at discounted prices
- **resources and educational materials** at discounted prices
- **Members Only** access to the **APHON Web site**
- eligibility for membership in any of the **nearly 50 local chapters** throughout the United States and Canada
- **opportunities to network** with and learn from practicing nurses and educators in this specialty, as well as other nursing students, by volunteering on the many committees and task forces.



APHON/NSNA STUDENT MEMBERSHIP APPLICATION

PROUD PARTNER OF NSNA

Name NSNA Member ID

School

Address

City, State, ZIP

Phone (home school)

Email (home school)

Degree sought

Enclose a copy of your current NSNA membership card with this application.

PAYMENT METHODS

-  VISA  Mastercard
-  American Express  Discover

Check # (please enclose and make payable to APHON)

Account #

Exp. Date

Cardholder Name (please print)

Signature

Mail completed application, a copy of your current NSNA membership card, and payment to APHON, PO Box 3781, Oak Brook, IL 60522. If you are using a credit card, you may fax your application to 847/375-6478.

For credit cards only: In the event of a miscalculation, I authorize APHON to charge my credit card an amount APHON reasonably deems to be accurate. (If rebilling of a credit card is necessary, a \$25 processing fee will be charged.)

For checks only: Checks not in U.S. funds will be returned. A charge of \$25 will apply to checks returned for insufficient funds.



ASSOCIATION of PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES

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(Please do not send application to this address.)