

# MEMBERSHIP APPLICATION

*The annual membership fee of \$10  
Membership term January 1, 2008-December 31, 2009  
Checks may be made payable to  
(Insert your information here)*



Email Address:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Job title \_\_\_\_\_  
Work Phone \_\_\_\_\_ Institution \_\_\_\_\_

## Professional Information

Highest degree received ☐ Associate ☐ Diploma ☐ B.S.N. ☐ Master ☐ Doctorate

Years of oncology experience \_\_\_\_\_ Years of pediatric experience \_\_\_\_\_

## Practice Setting

☐ Hospital ☐ Clinic ☐ School ☐ Outpatient department ☐ Private/Group practice

☐ Other \_\_\_\_\_

Areas of expertise \_\_\_\_\_

Functional Area ☐ Patient care ☐ Education ☐ Research ☐ Administration

☐ Other \_\_\_\_\_

Please check all that apply

1. My national APHON member  
number. \_\_\_\_\_

2. Other professional organizations of which I am a member.  
\_\_\_\_\_

3. I would you be willing work on a Metro Minnesota APHON committee. ☐ Yes ☐ No

4. I would you be interested in speaking at a Metro Minnesota APHON meeting. ☐ Yes ☐ No

5. Suggestions for meeting activities (i.e., speaker/educational topics, research, fundraisers, etc.)  
\_\_\_\_\_  
\_\_\_\_\_



*Thank you for your support of Metro Minnesota APHON.*



## TEXAS GULF COAST CHAPTER OF APHON

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Credentials: \_\_\_\_\_ CPON Certified? Y N; Exp. Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home ( ) Work: ( ) Cell ( )

Email address: \_\_\_\_\_

Where do you prefer to have mailings sent? (*check one*) ☐ Work ☐ Home

APHON National Membership # \_\_\_\_\_ Expires \_\_\_\_\_

If you are a RN and wish to become a local APHON chapter member, you must also be a national APHON member. If you need a national APHON membership application, please visit the website at: [www.aphon.org](http://www.aphon.org)

### DUES:

The membership year is from July 1, 2009 to June 30, 2010

(If an applicant joins at a time other than the annual membership meeting, the dues will be prorated appropriately to include the remaining scheduled meetings for the fiscal year.)

Membership dues for Active members (RN's) are \$20. ☐

(*Check type of membership*)

Associate ☐, Student ☐, Corporate ☐, and Honorary membership ☐

Associate members include but are not limited to professionals from other disciplines such as child life, pharmacy, nutrition, social work, and educators.

Please make checks payable to:  
(Insert your information here)

Please return completed form with payment to:  
(Insert your information here)