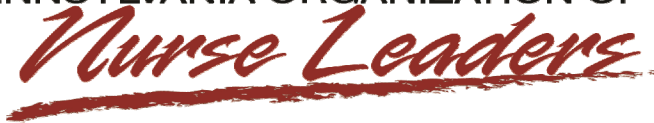


SOUTHWESTERN PENNSYLVANIA ORGANIZATION OF



2400 Ardmore Blvd
Suite 302
Pittsburgh, PA 15221
(412) 731-3420
Fax: (412) 243-5160
www.swponl.com

APPLICATION FOR MEMBERSHIP/RENEWAL

Join SWPONL to enjoy these benefits:

- Professional growth and development
- Regular networking events throughout southwestern Pennsylvania
- Annual educational and networking conference
- Regular legislative updates
- Opportunity to have a collective voice on relevant issues

Member Levels

Full Members

Full members consist of RNs who hold an organizational role of:

- Administration/management who are accountable for strategic, operational and/or management outcomes in organizations focused on healthcare, including, but not limited to hospitals, long-term care, and home health.
- Faculty in graduate nursing administration programs, including deans and directors.
- Consultants in nursing administration/management practice.
- Persons employed by health care regulatory agencies.
- Editors of professional nursing journals.
- Retired SWPONL members.
- Unemployed members.

Associate Members

Associate members consist of RN students enrolled in a graduate program. Associate members are able to attend SWPONL's educational and business meetings which provide networking opportunities with current nurse leaders.

Annual Dues

Individual - \$75 for membership valid through December 31st of that calendar year.

Groups - Groups of 5 or more from the same company receive a \$15 discount (\$60 per person). *Group application must be received in a single envelope with a primary contact person noted.*

Name: _____ Suffix: _____ Title: _____

Organization/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am signing up for a: Full Membership Associate Membership

PAYMENT

Check made payable to SWPONL (A \$40 processing fee will be assessed if checks are returned for insufficient funds)

Master Card **VISA**

Name on Card: _____

Card Number: _____ CID: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Amount Due: _____ Signature: _____

Please make checks payable and mail to:

SWPONL | 2400 Ardmore Blvd. | Suite 302 | Pittsburgh, PA 15221