2022 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	ed?		
Please be specific.			
Are you a member of the AMERICAN O	RGANIZATION FOR NURS	SING LEADERSHIP? ☐ YES ☐ NO	
Were you a member of KONL in 2021?	□ YES □ NO		
Are you interested in being on one of the	committees of KONL? Pleas	e check the committee of interest:	
ProgramMembership	Communication	Bylaws Nomination	Advocacy
☐ Full Member Dues - \$65 Full membership is available to a meetings, hold office and vote.	all registered nurses servi	ng in leadership roles. Full members ma	y attend KONL business
☐ Affiliate Member Dues - \$65 Affiliate members shall be licen meetings, educational programs		g in leadership roles. Affiliate members are not eligible to hold office.	may attend KONL business
☐ Associate Member Dues – \$0 Associate members shall be nurs vote or hold office, but may attention		undergraduate degree program. Associa	ate members are not eligible to
		lication. Please make check payable to the https://ksnurseleaders.nursingnetwork.com/.	he Kansas Organization of Nurse
Applicant's Signature		Kansas Nursing License Number	
Mail this application along with your r	emittance to:		

KONL 215 SE 8th Ave. Topeka, KS 66603