

New Member • \$120

Renewal Membership • \$120

Associate Membership • \$50*

Affiliate Membership • \$100**



Application Date: _____

Name: _____

Credentials: _____

Title: _____

Organization: _____

Org. Address: _____

City: _____

State: _____

Zipcode: _____

Work Phone/Alternate: _____

Email: _____

District (1-7): _____

Do you currently belong to AONE (American Organization of Nurse Executives): Yes No

Are you a member of any other professional organizations (please list):

What is your personal strength? _____

What is your professional specialty?

Who referred you to MONL? _____



If you would like to pay online, please call 517-318-6333 or mail remittance check, payable to MONL, along with membership application to: MONL | 2501 Jolly Rd, Suite 110 | Okemos, MI 48864

**Associate Members shall be registered nurses who are students enrolled in a relevant degree program and not otherwise eligible for membership. They may attend MONL business and educational meetings, but not be permitted to vote or hold office.*

***Affiliate Members of MONL shall be individuals who are not Registered Nurses but who support the mission and vision of MONL. They may attend MONL business and educational meetings, but will not be considered full members, not be permitted to vote in the meetings of, or hold office in or vote for, the directors or officers of the MONL.*