



**OHIO ORGANIZATION
FOR NURSING LEADERSHIP**

OHIO HOSPITAL ASSOCIATION

GREATER CINCINNATI CHAPTER

OONL Affiliate Chapter Membership Application

Please complete all the sections of the following membership information so that we are assured that your information is up to date:

- | | | |
|--|---|---|
| <input type="checkbox"/> Toledo Chapter | <input type="checkbox"/> Southeast Area Chapter | <input type="checkbox"/> Cleveland Chapter |
| <input type="checkbox"/> West Central Ohio Chapter | <input type="checkbox"/> Eastern Chapter | <input checked="" type="checkbox"/> Greater Cincinnati Chapter |
| <input type="checkbox"/> Dayton Chapter | <input type="checkbox"/> Rural Northwest Chapter | <input type="checkbox"/> North Central Chapter |
| <input type="checkbox"/> Central Ohio Chapter | <input type="checkbox"/> Northeast Region Chapter | |

Name: _____

Organization Name: _____

Title: _____

You will be able to swipe your credit card to pay your dues at GCONL's meetings. If you prefer to pay by check, make checks payable to: Greater Cincinnati Organization for Nursing Leadership (GCONL)

Membership: _____ 1 year (\$35.00) _____ 2 years (\$ 65.00) _____ 3 years (\$ 100.00)

or

for organizations with at least 10 members, \$30.00 GCONL Membership fee for one year per person under one check in the amount of \$300.00 along with completed application(s)

Position held within your organization:

____ Executive Staff (C-Suite) ____ Mid-Level Management ____ Front Line Management

Are you a current member of AONL: ____ Yes ____ No OONL: ____ Yes ____ No

Highest Level of Nursing Education: ____ BSN ____ MSN ____ DNP ____ PhD

Is your hospital/organization a member of the Ohio Hospital Association (OHA)? ____ Yes ____ No

Specialty Area of Practice: _____

Years of Nursing Practice/Years of Nursing Leadership: _____

Business Address: _____

E-Mail Address: (Business) _____ (Personal) _____

Business Phone Number: _____

Are you a new OONL affiliate chapter applicant: ____ Yes ____ No

Visit our website: www.gconl.org

Send check and completed application to:
Engagement Chair
 Erin Sandfoss MSN, RN, CPN, NE-BC
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 Batavia, OH 45103
 513-616-9249
erin.sandfoss@cchmc.org