



Minnesota Organization of Leaders in Nursing

Membership Application

Member Profile: *Please print clearly.*

Member Name: _____

Employer Information:

Title: _____

Organization: _____

Address: _____

City/State/ZIP: _____

Work Phone: _____

Work Fax: _____

Work E-mail: _____

Web Site: _____

Please List in Membership Directory:

Work Home

Send mail to:

Work Home

Send e-mail to:

Work Home

Do not send me any non-MOLN mail or e-mail.

Home Information:

Address: _____

City/State/ZIP: _____

Home Phone: _____

Home E-mail: _____

I was referred to join MOLN by:

Membership Information

\$150 Membership Fee

All Registered Nurses.

\$65 Associate Membership Fee

Former MOLN members who are retired Registered Nurses or have been unemployed after one renewal period.

\$25 Student Membership Fee

Students who do not hold an RN license and are registered in an undergraduate registered nursing program.

\$900 Affiliate Membership Fee

Individuals who are not registered nurses who support the mission and vision on MOLN.

Legacy Membership

Lifetime membership open to retired nurses who seek to plan and provide for the future of MOLN.

\$1,000 Silver

\$5,000 Platinum

An applicant may be admitted to membership at any time during the year upon paying annual dues. Annual dues cover a period of twelve months, beginning the date of application. There is one dues structure for the state and district organizations. No portion of the dues shall be refundable for any reason.

Note:

Your credit card statement will read *Nonprofit Solutions* for this charge.

Payment Options:

Amount enclosed: \$ _____

Check enclosed (*payable to MOLN*)

MasterCard/VISA

American Express

Discover

Credit Card Information:

Card Number: _____

Exp. Date: _____

Name of
Cardholder: _____

Authorized
Signature: _____

Date Received: _____

Submit application to:

1821 University Ave W, Ste S256 • St. Paul, MN 55104 • (651) 999-5344 • Fax: (651) 917-1835 • office@moln.org

MOLN Areas of Interest: Please indicate on the list below all MOLN areas that interest you. You will be contacted by a MOLN board or committee member to get you connected to your areas of interest.

I would be interested in serving MOLN on:

- The Board of Directors as an officer;
- A Committee (*longer time commitment*);
 - Government Affairs Committee
 - Membership Committee
 - Professional Development Committee
 - Public Relations Committee
- A Task Force (*shorter time commitment*);
- A MOLN Project.

I would like to be involved in MOLN by:

- Writing a letter, making a phone call, or scheduling a visit with a legislator regarding a MOLN issue;
- Recruiting new members or speaking with new member groups;
- Mentoring new members, nurse leaders or students with leadership experience;
- Representing MOLN in other organizational groups;
- Connecting and dialoging with faculty to work on goals related to nurse leadership;
- Assisting to develop a position paper for MOLN;
- Assisting to develop a grant application for a MOLN project;
- Reading and reviewing professional articles that would be beneficial to share with MOLN members; or
- Participating in an educational work group for conferences.

How did you hear about MOLN?

- From a colleague
- My organization
- MOLN web site
- Attended a MOLN event
- Other _____

How many years have you been a member of MOLN?

_____ years (*Please indicate number.*)

What other professional nursing organizations do you belong to?

- AONE
- ANA
- MNA
- Sigma Theta Tau
- Other _____

Who pays for your MOLN membership?

- I do.
- My employer does.
- Other _____

My employer supports my involvement in MOLN by providing assistance for:

- Membership dues
- Time to attend conferences
- Conference registration and lodging
- Time to attend committee and/or district meetings
- Other _____

Please list the professional health care related boards and advisory councils for which you participate:

Do you have a colleague or friend that would benefit from becoming a MOLN member? Refer a new member today!

Yes! I would like to refer a potential MOLN member.

Please share contact information so that MOLN may share membership opportunities with.

Name: _____

Organization: _____

Email: _____

Phone Number: _____