



OMNE

NURSING LEADERS OF MAINE

Membership Application

Membership in OMNE is open to RNs who are accountable for operational and/or management outcomes in the areas of Nursing Practice, Education and Research. Included are RNs who wish to further develop leadership skills through education and mentorship from RNs currently in positions of leadership. (Please check one.)

Renewal - Are you willing to mentor a new member? Yes No *New Member Liaison (fee deferred)
Membership Fee - \$150.00

First Name Middle Initial Last Name Credentials

Home Street Address City State Zip Home Phone

Position Title

Hospital/Organization Name

Employer Street Address City State Zip Business Phone

E-mail Address Fax Number

Referred to OMNE by: _____
(Optional) (OMNE Member)

Primary area of employment: Hospital Home Care Public Health Education Long Term Care
 Other: (specify) _____

Professional Affiliations: AONE NLN AACN ANA-Maine ACHE MCHA HCA Other _____

1.) ACTIVE PARTICIPATION ENCOURAGED ON AT LEAST ONE COMMITTEE (Check Preference) * See descriptions on back.

Bylaws Programs Membership Scholarship Public Relations Professional Practice

2.) Would you be interested in participating in legislative issues as necessary? Yes No

Please mail application with check made payable to OMNE to:

Your name and business address will be shared with AONE database for noncommercial purposes unless you check this box.

Barbara Beal, RN, BS
Vice President Nursing
Maine Coast Memorial Hospital
50 Union Street
Ellsworth, Maine 04605

Dues Enclosed:	
Membership Fee	\$150 <input type="checkbox"/>
<small>(Calendar year)</small>	
Scholarship Donation	\$ _____
<small>(optional)</small>	
Total	\$ _____

**New members that join OMNE in the last quarter of the fiscal year, October to December, will be a member for that year and the following fiscal year, January through December.*

Date Received: _____ FOR OFFICE USE ONLY Paid by Check #: _____
 Business Personal