



Northwest Organization of  
Nurse Executives/Nurse Leaders

300 Elliott Avenue West, Suite 300  
Seattle, Washington 98119  
Telephone: 206-285-0102  
FAX: 206-283-6122

## **Membership**

Membership is open to all registered nurses who are not part of a collective bargaining contract, who have interest in supporting and advancing nursing leadership.

Non-voting Affiliate Membership may be granted to community and corporate leaders who have demonstrated a commitment to nursing and nursing leadership in the Pacific Northwest (Washington & Oregon), and who have goals consistent with the mission, vision and values of NWONE.

## **Benefits of NWONE Membership**

NWONE is committed to the development and support of existing and aspiring nurse leaders within the Pacific Northwest region. Benefits of membership are most generally appreciated through:

- The opportunity to network with and learn from nurse colleagues in the region, to share information, build professional relationships and skills and enhance knowledge through interaction with others
- The ability to attend contemporary educational programs, retreats and regional events where members are given discounted tuition rates
- Participation in coalitions where regional nurse leaders come together in common and powerful voice around issues of shared concern. Such issues may pertain to quality, patient safety, legislation, education, models of care delivery or issues related to scope of practice.
- Participation with local and regional colleagues in NWONE commissions, committees, taskforces and coalitions and to be enriched with leadership development through that process
- The opportunity to mentor others and to be mentored while building a sustaining network of professional colleagues that expands beyond the employment setting
- The opportunity to appreciate, participate in and contribute to your profession and to the global contribution that nursing brings to the advancement of health care

# Membership Categories

## Full Membership - \$200/year

A Full Member is a nurse who holds:

- The highest level management position(s) in a health care institution or system
- A line management position with operational responsibility including patient care management, human resource management or resource management. This individual may be at the first line management level or at a director level in his or her organization.
- A position within the health care institution/system with responsibility for specialized administrative responsibilities for nursing, but who does not necessarily have accountability for the leadership of a patient care unit. This person might be a case manager or a director for administrative services.
- A line management position that has shift accountability for multiple patient care units. This person might be a house supervisor or director of patient capacity management.
- A position which interfaces with nurses in direct management by providing consultation or staff services. This person might be a Clinical Nurse Specialist, a nursing consultant external to a specific institution, a Nurse Educator, Director of Nursing Research, or a leader in an agency nursing division.
- A past position as a President of NWAONE, regardless of current employment status
- A past position in nursing management, though that nurse is currently unemployed

## Graduate Membership - \$100/year

A Graduate Member is a nurse who is currently enrolled in a graduate education program designed for leadership in the health care industry. Enrollment must be at a half-time level or greater.

## Academic membership - \$200/year

An Academic Member is a nurse faculty member at an accredited educational program, who is either in a leadership role in his or her institution or has involvement in educating nurses for leadership positions in the health care industry.

## Retired Membership - \$150/year

Retired members are those who have been a member of NWAONE for at least 5 years and are now retired from practice.

## Honorary Membership – No Fee

Honorary membership is reserved for distinguished members of the nursing profession. The designation of “Honorary Member” is conferred through a vote of the membership.

## Affiliate Membership - \$200/year

Affiliate members are non-voting members who have voice in the organization but are not nurses. Such membership is considered for community and corporate leaders who have demonstrated commitment to health care and to the advancement in nursing leadership within health care.

## Member Profile

The strength of NWOONE is in its membership. NWOONE is proud to have nurses who specialize in a wide range of leadership roles that include but are not limited to:

- Chief Nursing Executive
- Nursing Division Director
- Front Line Nursing Manager
- House Supervisor
- Clinical Nurse Specialist
- Nursing Educator
- Nursing Faculty Member
- Nursing Case Manager
- Quality Leader
- Nurse Recruiter
- Nursing Consultant
- Director or leader in Research
- Agency, Public Health, Long Term Care, Sub-acute Care, Home Health, Transitional or Community Based Care Nurse Leaders
- Retired members
- Community and corporate leaders who are committed to the advancement of nursing leadership
- Nurses in Graduate Study

## NWONE Commissions & Committees

The value of membership is enhanced by active participation on commissions and committees. With the growing diversity of membership, NWONE uses conference call meetings as well as face to face meetings, and electronic communication to connect members in work across broad geography, provider settings and professional roles to actively work in shaping the present and future of NWONE. The following opportunities exist for member involvement:

### 1. Regional councils

Each geographical region in Washington and Oregon has a defined regional council. These Councils have chair persons who gather members within that region either in face to face meetings or through conference calls or electronic communication to address issues of local concern and to share leadership initiatives from the Board of NWONE. Each region's chair is connected to the Chair of the Commission on Member Support Services to assure alignment with the larger organization and to facilitate communication flow from the organization to the region and from the region to the organization.

### 2. Commissions

Commissions are established at the council of the Board of Directors to do the routine work of the organization. Currently four commissions exist:

- Commission on Member Support
- Commission on Healthcare Policy
- Commission on Nursing Practice
- Commission on Education

Commission Chairs are elected members of the board. Commission membership is open, voluntary and encouraged.

### 3. Committees

Chairs of these committees are elected members of the Board of Directors of NWONE, while membership is voluntary and encouraged.

Two committees currently exist within NWONE:

- Bylaws Committee
- Finance Committee

## How to Join

- Complete the attached individual membership form, indicating the type of membership you are seeking and providing the demographic information requested  
Or.....
- Complete the attached group membership form, providing an attached list of members that you are enrolling, the type of membership for each and an email contact address for each.

Then....

- Attach the correct payment with checks payable to NWOONE
- Mail payment to:

NWOONE  
300 Elliott Avenue West, Suite 300  
Seattle, Washington 98119

- For questions please call or email the NWOONE office:

Gladys Campbell, NWOONE Executive Director  
Phone: 206-285-0102  
Email: [GladysC@WSHA.org](mailto:GladysC@WSHA.org)

We appreciate your interest and look forward to working with you!

### NWOONE Individual Membership Application\*

Please complete the information below. Mail the form along with your payment to NWOONE, 300 Elliott Ave West, Suite 300 Seattle, Washington 98119. You may also fax the form along with a VISA or MC number for payment directly to NWOONE at 206-283-6122. Thank you. \* **Membership Non-transferable**

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 TITLE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 FACILITY \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ HOME PHONE (optional) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 MAIL STOP (if needed) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 SEND MAIL TO (circle preference)    Facility address    Home address

Do you hold the highest level nursing position in your organization? (please circle)    Yes    No

MAJOR AREAS OF RESPONSIBILITY (circle all that apply):  ACUTE CARE FACILITY                      AMBULATORY CARE CASE MANAGEMENT                      CNS CONSULTATION                              EDUCATION EDUCATION                                      ACADEMIC FACULTY HMO                                              RESEARCH LONG TERM CARE                              COMMUNITY LEADERSHIP GRADUATE STUDENT                              SYSTEM LEVEL LEADER CONSULTANT                                      HOUSE SUPERVISOR PUBLIC HEALTH                                      HOME HEALTH	OTHER PROFESSIONAL AFFILIATIONS (check all that apply)  AONE ____ NLN ____ ACHE ____ SIGMA THETA TAU ____ ANA ____ WIN ____ CLINICAL SPECIALTY ORGANIZATION ____ OTHER (please specify) _____
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COMMISSION / COMMITTEE INTEREST (please circle all that apply)  BYLAWS COMMITTEE FINANCE COMMITTEE REGIONAL COUNCIL COMMISSION ON EDUCATION COMMISSION ON NURSING PRACTICE COMMISSION ON HEALTHCARE POLICY COMMISSION ON MEMBER SUPPORT	WHO RECRUITED YOU TO JOIN NWOONE / HOW DID YOU HEAR ABOUT US? BENEFITS OF MEMBERSHIP (please prioritize where 1 = highest and 4= lowest)  _____ CONTINUING EDUCATION  _____ POLICY/LEGISLATIVE & REGULATORY ISSUES  _____ NETWORKING  _____ INFORMATION SHARING (leadership strategies, quality concerns or practices, regulatory concerns, best practice, financial management, etc.)
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Membership Category / Dues Due (please check)  
 Full Membership \_\_\_\_\_ \$200/year                      Affiliate Membership \_\_\_\_\_ \$200/year  
 Graduate Membership \_\_\_\_\_ \$100/year                      Retired Membership \_\_\_\_\_ \$150/year  
 \_\_\_\_\_ Check payable to NWOONE    \_\_\_\_\_VISA    \_\_\_\_\_MASTERCARD (add \$5 handling fee for charge card payment)  
 ACCT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE \_\_\_\_\_

OFFICE CODE	POS	RESP	AFFIL	FACILITY CODE	COM/COM	MBR TYPE	CONT #	JOIN DT	SET RENEW DATE

### Group Membership Application\*

Please complete the information below. Mail the form along with your payment to NWOONE, 300 Elliott Ave West, Suite 300, Seattle, Washington 98119. You may also fax the form along with a VISA or MC number for payment directly to NWOONE at 206-283-6122. For group memberships, the sponsor or person with authorization for payment is asked to fill out the top section. Thank you.

NAME OF PERSON SPONSORING THE MEMBERSHIPS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

