

EONS MEMBERSHIP APPLICATION FOR INDIVIDUALS

Please feel free to photocopy this form to give to your colleagues



European Oncology Nursing Society (EONS) For Office Use Only

Avenue E. Mounier 83/8 Name:

B-1200 Brussels M/ship No:

Belgium Registration Date:

Tel: 0032 (0)2 779 99 23/ Fax: 0032 (0)2 779 99 37 Fee Received:

E-mail: eons.secretariat@skynet.be Expiry Date:

Complete all information to permit processing of application. Please print.

I am a new member:

This is a renewal:

Prof. Dr Mr Mrs Ms

Family Name:		First Name:		Middle Initial:	
Credentials you currently use following your name:-					
Home Address:			Educational Information		
			Current Educational Status		
			<i>(check only one in each column)</i>		
			<input type="checkbox"/> Full-time student	<input type="checkbox"/> Undergraduate	
			<input type="checkbox"/> Part-time student	<input type="checkbox"/> Graduate	
City Postal Code Country			<input type="checkbox"/> Currently not enrolled	<input type="checkbox"/> Post-Master's	
Telephone Number			<input type="checkbox"/> Post-Doctorate		
International Code Fax Number			Highest Degree Completed		
E-mail Address			<i>(check only one in each column)</i>		
Business Address:			Nursing:		Other Field:
			<input type="checkbox"/> Certificate	<input type="checkbox"/> Certificate	
			<input type="checkbox"/> Diploma	<input type="checkbox"/> Diploma	
			<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Bachelor's	
			<input type="checkbox"/> Master's	<input type="checkbox"/> Master's	
			<input type="checkbox"/> Doctorate	<input type="checkbox"/> Doctorate	
			<input type="checkbox"/> None	<input type="checkbox"/> None	
City Postal Code Country			Number of years in:		
International Code Telephone Number			Nursing Oncology EONS		
International Code Fax Number			Are you a member of your National Oncology Nursing Organisation		
E-mail Address			<input type="checkbox"/> Yes		
Please Check Your Preferred			<input type="checkbox"/> No		
Mail Address	<input type="checkbox"/> Home	<input type="checkbox"/> Business	What languages do you speak?:		
Phone Number	<input type="checkbox"/> Home	<input type="checkbox"/> Business			
Fax Number	<input type="checkbox"/> Home	<input type="checkbox"/> Business			
E-mail Address	<input type="checkbox"/> Home	<input type="checkbox"/> Business			

Professional Information

Employment Status

(check only one response)

- Full-time Part-time
 Unemployed Retired
 Other

Primary Patient Population

(check only one response)

- None Adult
 Paediatric Both

Primary Functional Area

(check only one response)

- Administration Education
 Research Patient Care
 Other (specify) Information

Primary Position

(check only one response)

- Direct Patient Care
 Nurse Manager
 Clinical Nurse Specialist
 Nurse Practitioner
 Educator
 Supervisor/Co-ordinator
 Researcher
 Pharmaceutical Representative
 Other

Primary Work Setting

(check only one response)

- Hospital
 Outpatient/Ambulatory Care Clinic
 Community Nursing
 Hospice
 Home Care
 School or Nursing College
 University
 Pharmaceutical Industry
 Other (specify)

Primary Speciality

(check up to three responses)

- Chemotherapy/Biotherapy
 Breast Oncology
 Haematology/Oncology
 Radiation Oncology
 Surgical Oncology
 Gynae Oncology
 Head and Neck Oncology
 Bone Marrow Transplant
 Genetic Counselling
 Prevention/Detection
 Pain Management
 Colorectal Oncology
 Palliative Care
 Lung cancer
 Other (specify)

Biographical Data

EONS is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional.

Sex:

- Male
 Female
 Do not care to respond

Age:

- 20 - 24 years
 25 - 29 years
 30 - 34 years
 35 - 39 years
 40 - 44 years
 45 - 49 years
 50 - 54 years
 55 - 59 years
 60 - 65 years
 Over 65
 Do not care to respond

Want to receive EONS- related mail: yes
 no

Membership

Membership extends from **January** until **December**.

Membership Fee

- Individual member with subscription to the *European Journal of Oncology Nursing (EJON)*:

-hard copy and on line access 1 year: Euro 79/ £68

-only on line access 1 year: Euro 55/£48

-student rate*1 year : Euro 67/£58

- Individual member without EJON

Normal rate: Euro 29/£25

2 year: Euro 50/£43

Student rate*1 year : Euro 22/£19

*Please provide copy of student card with application form

Methods of Payment

-I enclose a cheque (for UK residents only) to the value of £_____

Please make cheque payable to EONS and mail to: European Oncology

Nursing Society, Avenue E Mounier 83, B-1200 Brussels, Belgium.

-Credit Card payment (preferred):

Visa Mastercard

Card Number: _____

Expiry Date: _____

CVV code: 3 last digits on back side of card:

Signature: _____