

# North Texas Chapter of the Texas Organization of Nurse Executives

## 2009-2010 MEMBERSHIP FORM

Please PRINT clearly

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Credentials \_\_\_\_\_ Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Professional memberships: TONE \_\_\_\_\_ AONE \_\_\_\_\_ TNA \_\_\_\_\_

### Membership:

- **Active/Can vote and hold office/ (\$30)**
- **Affiliate/Can't vote or hold office (\$50)**
- **Student/Can't vote or hold office (\$15)**

**Please remit to:** June Marshall, MS, RN, NEA-BC  
Director Center for Nurse Excellence  
Medical City Dallas Hospital and Medical City Children's Hospital  
7777 Forest Lane, Suite A-240  
Dallas, Texas 75230

Questions? Contact June @ [june.marshall@hcahealthcare.com](mailto:june.marshall@hcahealthcare.com) or by phone at 972.566.7172