



Massachusetts Organization of Nurse Executives

MEMBERSHIP APPLICATION
JULY 1, 2011 – JUNE 30, 2012

ANNUAL MEMBERSHIP FEE- \$250.00
Retiree/Student Fee - \$150.00

Payment Method: *(Please do not staple checks.)*

Check: Please mail check to: MONE, 101 Cambridge Street, Suite 110, Burlington, MA 01803

Credit Card: MasterCard Visa Account #: _____

Name on card _____ Expires: __/__/____ Billing Address & Zip Code: _____
Amount \$ _____

Information for Database:

Please fill in the blanks below. Your listing in the MONE Membership Directory will be taken from this information. Applications must be received before October 1, 2011 to be included in the Directory.

Name _____

Credentials _____

Title _____

Organization _____

Work Address _____ **City** _____ **State** _____ **Zip** _____

Fax _____ **Cell Phone** _____

Work Phone _____ **Home Phone** _____

E-mail Address _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Alternate E-Mail _____

Mail Preference: _____ **Home** _____ **Work** (Please check one.) _____ **Retiree** _____ **Student**

New Member Referred by: _____

For those individuals who want to be on committees, please see the Willingness to Serve document.

Individuals eligible to be Members in the Organization shall be registered nurses currently in leadership positions in healthcare. Members shall be: registered nurses with organizational accountability for strategic, operational and/or administrative outcomes in sites where health care is delivered; faculty in graduate and undergraduate nursing programs, including deans and directors; consultants in nursing administration/management practice; persons employed by Joint Commission; editors of professional nursing journals; retired MONE members; and unemployed members for a period of two years.

Note: Contributions or gifts to MONE are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. MONE estimates that the non-deductible portion of your 2010-2011 dues allocable to lobbying is 35%.



MONE Committee Willing to Serve 2011-2012

Name: _____

Organization: _____

Please check your committee selection and return to the MONE office by November 1, 2011.

_____ Bylaws Committee Chairperson: Lisa Colombo
Telephone Number: 978-287-3219
E-mail Address: lcolombo@healthalliance.com

_____ Government Affairs Committee, Co-Chairpersons: Gregory Bird and Elizabeth Cadigan
Telephone Number Greg Bird: 978-922-3000, Ext. 2904
E-mail Address: gbird@nhs-healthlink.org
Telephone Number Elizabeth Cadigan: 617-665-2233
E-mail Address: ecadigan@challiance.org

_____ Management of Practice Committee, Chairperson: Cheryl Merrill
Telephone Number: 978-922-3000, Ext. 2243
E-mail Address: cmerrill@nhs-healthlink.org

_____ Membership Committee, Chairperson: Maria Ducharme
Telephone Number: 401-793-2002
E-mail Address: mducharm@lifespan.org

_____ Program Committee, Chairperson: Kathleen Bower
Telephone Number: 508-651-2600
E-Mail Address: kbower@cfc.com

_____ Research Committee, Chairperson: Kathleen Finn
Telephone Number: 508-674-5600, Ext. 2493
E-mail Address: kathleen.l.finn@steward.org

_____ Academic/Practice Integration Committee, Co-Chairpersons: Paulette Seymour-Route
Telephone Number Paulette Seymour-Route: 508-856-5758
E-Mail Address: paulette.seymour-route@umassmed.edu

For descriptions of committee purposes and goals please check our website: www.massone.org