

Committee Opportunities

Please check if interested in participating on one of these committees.

- By-Laws
- Horizons (Newsletter)
- Legislative
- Marketing
- Membership
- Professional Development and Research
- Program

I was recruited by:

Name

Payment:

- Credit Card Check

Card Type:

- Mastercard Visa

Credit Card Number

Expiration Date

Make Check Payable To: **W-ONE**

Mail application, check to:

W-ONE
P.O. Box 259038
Madison, WI 53725-9038

Revised 10/09

Membership Benefits

Here is a look at what you get with your W-ONE membership:

- ◆ Access to W-ONE website www.W-ONE.org for resources and information on current topics
- ◆ W-ONE membership list updated annually
- ◆ Networking opportunities with colleagues across the state
- ◆ Leadership conferences offered in the spring and fall
- ◆ Legislative updates on issues of importance to patients and nursing practices
- ◆ Affiliation with the Wisconsin Hospital Association (WHA) providing information on health and public policy issues
- ◆ Annual scholarship awarded to a member seeking academic advancement
- ◆ W-ONE Recognition Program – award recognizing an innovative nursing leader, presented at the fall conference
- ◆ *Horizons* – quarterly newsletter
- ◆ Professional Development, Research and Mentoring



Wisconsin
Organization of
Nurse Executives

Mission

W-ONE is a catalyst for the development of nurse leaders to influence healthcare through service, education, and research.

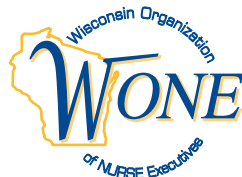
Vision

W-ONE is the recognized voice of nurse leaders shaping healthcare and public policy through innovative leadership.

Strategic Goals

1. W-ONE will lead efforts to create positive and healthful practice environments in nursing and healthcare.
2. W-ONE will implement strategies to enhance the development of nurses holding and aspiring to managerial leadership roles.
3. W-ONE will continuously enhance the value of membership and foster engagement in the organization.
4. W-ONE will influence Wisconsin initiatives that impact healthcare policy.

W-ONE is an affiliate of the American Organization of Nurse Executives (AONE), and the Wisconsin Hospital Association (WHA).



Information:

- ◆ W-ONE members who have had position changes may extend membership eligibility in their membership category for one renewal period
- ◆ Annual dues are \$100; Student rate \$50
- ◆ Dues cover January 1 through December each year. Dues paid after September cover the membership for the following year.
- ◆ By-Laws, Membership Card and Membership List will be provided
- ◆ More information regarding W-ONE can be accessed at www.W-ONE.org

Membership

Criteria for Membership

Registered nurses, licensed to practice in Wisconsin, currently in positions as defined below:

- ◆ Registered nurses who hold an organizational role of administration/management who are accountable for strategic, operational and/or performance outcomes in sites where health care is delivered.
- ◆ Faculty to include deans and directors of state approved graduate and undergraduate nursing programs
- ◆ Consultants in nursing administration/management practice
- ◆ Editors of professional nursing journals
- ◆ Leaders in regulatory and other nursing and health care organizations
- ◆ Students enrolled in a relevant degree program with a career path in nursing administration
- ◆ Members of the Organization who retire from active employment

Honorary Membership

- ◆ W-ONE members who retired from active employment
- or
- ◆ Past W-ONE presidents no longer employed as nurse executives

No dues are required for honorary members

Membership Renewal/Application W-ONE

Please type or print.
Also can be completed at www.W-ONE.org

Membership:

New Student Renewal Honorary

Name (first) (middle initial) (last)

Position or Title: Nurse Executive/VP/CNO Director/Manager

Other (specify) _____

List area(s) of responsibility: (i.e. M/S, OB, ED, etc.)

Type of Facility:

Academic Acute Care Extended Care
 Home Care Critical Access Hospital
 Other _____

Organization Name

Organization Address

City State Zip Code

(____) _____ (____) _____
Phone Fax

E-Mail Address

Home Address

City State Zip Code

(____) _____
Home Phone

Check preferred mailing address

Home Work

Are you a member of AONE? Yes No

Name included W-ONE approved purchased mailing list
 Yes No