

## Kentucky Organization of Nurse Leaders

1. Provides a medium for the interchange of ideas and dissemination of information and materials relative to Nursing Leadership.
2. Provides a platform within health care from which Nursing Leaders may speak.
3. Provides leadership development.
4. Participates in the formulation of public policies that influence health care.
5. Provides a system of networking and support for members.

### Meetings

District meetings and education programs are held at various locations throughout the State during the year. Other meetings may be scheduled as needs and issues develop. A business meeting and poster presentation is held for all members during the annual KHA meeting in the Spring and a Leadership Development Conference is held in the Fall.

### Membership

You are eligible for membership if you meet one of the follow criteria:

1. Registered Nurse holding an organizational role of administrative/management who is accountable for strategic operational, and/or management outcomes in sites where health care is delivered.
2. Registered Nurse who is a faculty member, dean or director in a graduate nursing administration program.
3. Registered Nurse who is a consultant in nursing administration/management practice.
4. Registered Nurse employed by The Joint Commission.
5. Registered Nurse who is editor of a professional nursing journal.
6. Registered Nurses who serve as executive directors of the Kentucky Nurses Association and Kentucky Board of Nursing.
7. Registered Nurse who is a retired member of KONL.

Associate members shall be affiliated with KONL and may attend business and educational meetings, but will not be considered Individual Members, not permitted to vote in the meetings of, hold office in, or vote for Directors or Officers of the KONL except as otherwise set forth in the Bylaws.

You are eligible for Associate membership if you meet the following criteria:

1. Aspiring nursing leader with a letter of recommendation from a full member.
2. Registered Nurse and enrolled in a relevant degree program with a career path in nursing administration.

### Dues

If you meet the above requirements, complete and return the attached membership application. Dues for members/affiliates are **\$60.00**. This will provide membership for one year from the date dues are received.

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### Membership Application Kentucky Organization of Nurse Leaders

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

Position/Title \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone Number \_\_\_\_\_

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

Are you a member of AONL?    Yes    No

Regular Member	Associate Member
<u>District:</u>	
Bluegrass	Cumberland
Ohio Valley	Twin Lakes

Make Check payable to: **KONL, c/o Cathy Stewart, Treasurer, 1201 Pleasant Valley Rd; Owensboro, KY 42303**  
(Return application and dues)