

## 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 9/16

## Membership Benefits

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

- ◆ Access to W-ONE website [www.W-ONE.org](http://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.

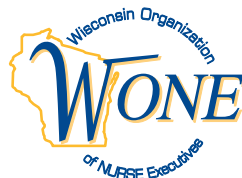
## Vision

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](http://www.W-ONE.org)

## Membership

### Criteria for Membership

WONE embraces nurse leaders through all levels of their career and all health care organizations. Common WONE member titles include:

- ◆ chief nursing officer/chief nurse executives
- ◆ vice presidents of nursing and patient care services
- ◆ directors of nursing
- ◆ directors of emergency services, critical care services and other clinical departments
- ◆ directors of professional practice
- ◆ nurse managers
- ◆ nurse consultants
- ◆ aspiring nurse leaders
- ◆ deans and faculty in undergraduate and graduate nursing programs
- ◆ and many other nursing leadership professionals

## 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](http://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 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