Northeast Ohio Case
NEOCMN
Management Network

Phone: 1-800-363-6266 **Email:** oneill397@windstream.net or
Fax: 330-468-1014 neocmn@juno.net

2010 Membership Application

Date: _____
Membership: New ☐
Renewal ☐
Who Referred you to NEOCMN?
_____

Payment Method:
☐ Personal check # _____
☐ Company check # _____
☐ Credit Card
MC/VISA/AMEX/Discover

Contact Information (Please Print):

Name: _____

Company: _____

Title: _____

Address (Home address suggested): _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Work Phone: _____ ext. _____ Fax Phone: _____

Home Phone ***(Number not listed in directory.)*** If someone asks for your home number, can we give it out?

_____ Yes ☐ No ☐

Please indicate if you would like to be on a NEOCMN committee by checking the box next to the committee:

☐ **Education** *(Help set up speakers for general meetings.)*
☐ **Conference** *(Help prepare for April conference.)*
☐ **Special Events** *(Gather golfers for Golf Outing.)*
☐ **Nomination** *(Encourage volunteers to run for office.)*
☐ **Membership** *(Help increase membership.)*
☐ **CCM Review** *(Meeting with instructor the day of class.)*

Specialty Information:

Please indicate your specialty, (Case Management, Home Health, Hospital, etc.): _____

Educational Information:

RN, CCM and SW hours are applied for each meeting.

To help us better identify your needs, please check your designations which are listed alphabetically:

☐ BA	☐ COHN-S	☐ LSW	☐ RN
☐ BS	☐ CPHQ	☐ MBA	☐ RNC
☐ BSN	☐ CRC	☐ M.Ed.	☐ R.Ph.
☐ CCM	☐ CRNI	☐ MHSA	☐ RRT
☐ CCRN	☐ CRRN	☐ MPA	☐ Other: _____
☐ CDMS	☐ LISW	☐ MSN	☐ _____
☐ CMCN	☐ LPN	☐ MSW	☐ _____

What is your license number? _____

Payment Information: Individual memberships only, corporate memberships are NOT offered.

Membership dues are $75 ***for a rolling calendar year.***

Membership dues entitle individuals to attend general meetings, including a dinner networking meeting; obtain educational CEUs, receive discounted conference and CCM Review registration fees; and benefit from invaluable networking opportunities.

Complete this application and send payment to:

NEOCMN
P. O. Box 461044
Cleveland, OH 44146-1044

Payment Methods: (Check or Credit Card)

Account Number: _____

Expiration Date: _____ Amount: _____

Signature: _____

Credit card receipt will be mailed to the above address, unless specified otherwise: _____