



PONL New Member/Renewal Application GROUP

Please type or print

I am a (please check one) New Member \$110 Renewing Member \$110

First Name: _____

Last Name: _____

Credentials: _____

Preferred Email Address: _____

Alternative Email Address: _____

Preferred Phone Number: _____

Home Address: _____

PA Home County: _____

Select your closest PONL Regional Affiliate:

- | | |
|---|--|
| <input type="checkbox"/> Northwest PA (NWPONL) | <input type="checkbox"/> Southeastern Regional PA (SEPONL) |
| <input type="checkbox"/> Eastern Regional PA (PERONL) | <input type="checkbox"/> Southwestern PA (SWPONL) |
| <input type="checkbox"/> South Central PA (SCONL) | |
| <input type="checkbox"/> Unsure, please assign my region based on my work address | |
| <input type="checkbox"/> Unsure, please assign my region based on my home address | |

Hospital/Company: _____

Job Title: _____

Group Name: _____

Group Address: _____

Please return all group memberships with payment to:

PONL Office
461 Cochran Rd, #246
Pittsburgh, PA 15228

If you wish to pay by credit card, please contact the
PONL Office at admin@ponl.net or call Tricia Long
directly at 615-587-0081