



## **BONENT EMERITUS MEMBERSHIP**

# **NOMINATION FORM**

**DEADLINE: Received by BONENT by Sept. 15<sup>th</sup>**

Please Print or Type Clearly

✓ **I nominate the following BONENT member:**

Full Name (please print): \_\_\_\_\_

E-mail: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

BONENT ID# or NNCO Certificate#: \_\_\_\_\_

**The nominated member is (Check all appropriate boxes):**

- RETIRED:** Emeritus membership is open to any current or past member who has fully retired from their professional life in a remunerative capacity, including consulting services; And...
- # OF YEARS MEMBERSHIP:** Has been a member of for at least 15 consecutive years. And...
- AGE:** Be at least 60 years of age, Or...
  - DISABLED:** A Regular Member who becomes disabled and is fully retired may apply for Emeritus status regardless of age.

**Below are the reasons why I think the above BONENT member should be considered for Emeritus Membership, in 100 words or less (significant achievements in dialysis, etc.).**

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### **Your Information:**

You must be a member in good standing (your certification has not lapsed or expired AND your Annual Certification Fee must be paid to date).

Your Full Name (as it appears on your BONENT card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail: \_\_\_\_\_

BONENT ID# or NNCO Certificate#: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Certification Type:  CHT/CCNT  CHN  CPDN  CHBT/CBNT  CHWS/CDWS

**Send this form (choose one method):**

**Mail:** BONENT, 100 S. Washington St., Rockville, MD 20850

**Fax:** 202.463.1257