

**Nurses Association of the Counties of Long Island, Inc.
District 14, New York State Nurses Association
PO Box 1871, Lindenhurst, New York 11757
516-352-0717 Fax & voice mail: 631-610-3594
Email: info@nagli.org Web: www.nysna.org/districts/14.htm**

NACLI Membership Application

Annual Dues:

___ \$35 Retired (over age 65) ___\$90 Regular ___\$10 Student

Name _____

Address _____

City _____ State _____ Zip _____

Phone # (W) _____ (H) _____

Fax # _____ E-mail _____

RN LIC # _____

Employer _____ Address _____

City _____ State _____ Zip _____

Position/Title _____ Specialty _____

For Students: School of Nursing _____ Date of Graduation _____

Referred by: _____

Please mark the Organizational Unit you are interested in:

- Awards/Programs
- Bylaws
- Editorial Advisory
- Finance
- Membership
- Public Policy
- Retired Nurses Special Interest Group

Please mail completed application and check to NACLI, PO Box 1871, Lindenhurst, NY 11757

Thank you for Becoming a Member!