

**New York State Nurses Association
District 11 Ulster and Greene County**

Membership Application – District Level only

Date _____ Are you a member NYSNA at the State Level: Yes ___ No ___

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext _____ E-mail _____

Do you want to receive Pulse Beat (check one) by ; Regular Mail _____ or E-Mail _____

Employer _____

Position /Title _____

Field of Employment _____

Area of Specialization _____

Employment Status: Full time _____ Part Time _____ Retired _____

Please **Circle** the type of Membership and amount enclosed for one year of membership

New Membership	\$25.00
Renewal membership	\$25.00
Associate Membership (RN Student or LPN)	\$20.00
New Graduate Nurse	Free for first year
Retired Membership	\$20.00

Would you be willing to serve on one of the following committees for the District?

Awards / Scholarship ___ *Program Planning / Education* ___ *Finance* ___
Public Relations ___ *Newsletter* ___ *Legislation* ___
Membership ___ *Nominating Committee* ___ *Education* ___

Membership dues are effective from the date of application through August 31st of that year. Renewal fees are due September 1st of each year.

Whom can we thank for referring you to NYSNA District 11? _____

**Send Membership application and payment payable to NYSNA District 11 to:
Dolores Brink
70 Brink Road
Saugerties, NY 12477**