

NEW YORK STATE NURSES ASSOCIATION

District 12 Dutchess/Putnam Region

Membership Application (For District Level membership only)

Date: _____ Name: _____

Street _____ City _____ State _____ ZIP _____

Phone (Home) _____ (Work) _____ E-mail _____

Employer: _____

Position/Title: _____ Area of Specialization _____

Please indicate on which committee's you are willing to serve:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Legislation | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Membership | <input type="checkbox"/> Nominations for office |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Awards | |

Would you be willing to assist with short term projects (EX.: Program Registration/Mailings)? YES NO

Please indicate type of membership:

New Member	35	
Renewal Member	35	
Discounted Membership 1 st year of RN licensure	20	
Discounted Membership Retiree (not actively employed)	20	
Gift Membership: Name & address of person giving gift:	35	
TOTAL		

MEMBERSHIP DUES ARE EFFECTIVE FROM THE DATE OF APPLICATION THROUGH THE FOLLOWING AUGUST 31.

Renewal fees are due SEPTEMBER 1 of each year.

PLEASE FORWARD TO:

Karen Sieverding

Date paid: _____

Treasurer District 12

Amount Paid: _____

20 Cross Creek Run

Effective From _____ to _____

Highland, NY 12528