

NEW YORK STATE NURSES ASSOCIATION

DISTRICT #12 - Dutchess, Putnam Region

MEMBERSHIP APPLICATION for District Level Only

Date: _____ E-mail address: _____.

Name: _____.

Address: _____.

City: _____ State: _____ Zip Code: _____.

Home telephone: _____ Work Telephone: _____.

Employer: _____.

Position / Title: _____.

Area of Specialization: _____.

Please indicate which of the following committees you are willing to serve on:

Program Planning Legislation Nominations for office
 Public Relations Membership Newsletters
 Scholarships Awards

Would you be willing to assist in short term projects, e.g. program registration, mailings?
 Yes No

Please check the type of membership and amount enclosed for one year of membership:

New membership	\$35	
Renewal membership	\$35	
Discounted membership for first year of RN licensure	\$20	
Discounted membership for retirees not actively employed	\$20	
Gift Membership: Name & address of person giving gift:	\$35	

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

Send to:
 Treasurer, NYSNA District 12
 Ingeborg Grutzner
 160 Academy Street 7G
 Poughkeepsie, NY 12601

Treasurer's Use Only
 Date paid: _____
 Amount paid: _____
 Membership effective:
 from _____ to _____