



CAPITAL DISTRICT NURSES ASSOCIATION
District #9 - New York State Nurses Association
c/o The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 1, Guilderland, New York 12084-9559

Capital District Nurses Association Membership Application

(Please Print)

Name: _____

Address: _____

City: _____

State/Zip: _____

Telephone: (Home) _____

(Work) _____

E-mail: _____

Social Security No. _____

Employment Information

Professional License No. _____

Position/Title: _____

Employer: _____

Area of Expertise: _____

Dues (District 9 Only): \$45.00 per year New Graduate Nurse – reduced dues: \$10.00 first year.

Amount Enclosed: \$ _____

Please make checks payable to: Capital District Nurses Association

Please mail application form and check to:

Capital District Nurses Association, District 9
The Veronica M. Driscoll Center for Nursing
2113 Western Avenue, Suite 1
Guilderland, NY 12084-9559

I was referred to District #9 & NYSNA by:

Would you like to make an additional donation to the District #9 Scholarship Fund, which is used to assist in funding the education of area nurses?

Yes _____ Not at this time _____ Amount Enclosed \$ _____