



# West Virginia League for Nursing Membership Application

New Member: \_\_\_\_\_

Renewal: \_\_\_\_\_

NAME/CREDENTIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_

PREFERRED ADRESSES FOR MAIL OR E-MAILS? HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

Remember: All monies are due by the date of the Annual Program

Check appropriate line below:

- \_\_\_\_\_ I wish to join the WVLN as a Nurse Educator
- \_\_\_\_\_ I wish to join the WVLN as a Consumer
- \_\_\_\_\_ I wish to join the WVLN as a Community Nurse
- \_\_\_\_\_ I wish to join the WVLN as a (please specify) \_\_\_\_\_

Dues: \$50.00

Annual meeting fee (\$ \_\_\_\_\_) + dues \_\_\_\_\_

Contribution: \_\_\_\_\_

TOTAL Enclosed: \_\_\_\_\_ (Make check payable to WVLN)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

In addition, if you have any suggestions for presenters or topics for our Faculty Development Programs we would appreciate hearing what they are:

\_\_\_\_\_

We look forward to your active membership in this worthwhile organization.  
Please mail application and dues to: Duane F. Napier, MSN, RN,BC  
St. Mary's Medical Center, School of Nursing  
2900 1<sup>st</sup> Avenue  
Huntington, West Virginia 25702