



P.O. Box 1579 • Berea, KY 40403 • (859) 985-5355

Membership Application Form

The **Kentucky League for Nursing** is a voluntary, not for profit 501C(3) organization. Contributions of any amount will help support the mission and goals of the League. **Being a member of NLN does not make you a member of KLN.**

Individual Membership Dues \$25.00

Amount Enclosed: \$ _____ Annual Dues *(Make check payable to Kentucky League for Nursing)*

Please return this application with payment to: **Kentucky League for Nursing / P.O. Box 1579 / Berea, KY 40403**

Name and Credentials _____

Preferred e-mail address _____

Address _____ City _____ State ____ Zip _____

Telephone Office _____ Home _____

Place of Employment _____ Position _____

Please indicate your interest in serving on any of the following committees:

Executive Committee

Finance Committee

Nominations Committee

Strategic Planning Committee