



**South Carolina League for Nursing
MEMBERSHIP APPLICATION**

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: Home: (____) _____ Work: (____) _____

FAX: Home: (____) _____ Work: (____) _____

E-MAIL: Home: _____ Work: _____

POSITION/TITLE: _____

PLACE OF EMPLOYMENT: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PREFERRED MAILING ADDRESS: Home Work

PREFERRED E-MAIL ADDRESS: Home Work

MEMBERSHIP CATEGORIES (Select one) Membership year is January 1 – December 31.
(Member names and membership expiration date will be published on the NLN website.)

- Individual \$30.00
- Consumer..... \$30.00
- Student (undergraduate or graduate)..... \$5.00
- Retired \$15.00

All categories above include SCLN voting membership, SCLN annual meeting, and more.

METHOD OF PAYMENT

- Check or money order made payable to the South Carolina League for Nursing.
Send signed application and remittance to:

Pam Weinberg
SCLN, Treasurer
201 North Brooks Street
Manning SC 29102

All membership applications must be signed to comply with postal regulations.

Signature: _____ Date: _____