

# NLN Associate Member Application

Please complete and mail/fax with payment to:  
**The National League for Nursing**  
61 Broadway, 33<sup>rd</sup> Floor  
New York, NY 10006  
Fax: 212-812-0393



(Please print)

**Organization/Agency** \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

**Name of primary representative** to whom mail is to be directed \_\_\_\_\_

Position/title \_\_\_\_\_ Credentials \_\_\_\_\_ Preferred Prefix \_\_\_\_\_

Mailing address if other than above \_\_\_\_\_

E-mail address \_\_\_\_\_

**Name to whom second membership** is to be directed \_\_\_\_\_

Position/title \_\_\_\_\_ Credentials \_\_\_\_\_ Preferred Prefix \_\_\_\_\_

Mailing address if other than above \_\_\_\_\_

E-mail address \_\_\_\_\_

**Select One:**

- I understand that as an NLN Associate member, my organization/agency's name and web address will be listed on the NLN Associate directory of the NLN website as it appears above.
- I **do not** want to be included in the directory of NLN Associate members on the NLN website.

**NLN Associate Fee: \$500** For the period January to December (Dues are prorated for less than full year. If applying after January 31, please call 212-363-5555 x227 or x459 for a fee quote)

- Check payable to the National League for Nursing is enclosed
- Please charge my credit card:  American Express  Discover  Mastercard  VISA

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card (print)

\_\_\_\_\_  
Signature

I understand that \$8.50 of my dues is for my subscription to *Nursing Education Perspectives*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date