

NLN Education Agency Membership Application

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



(Please print)

School Name _____

Parent institution (if applicable) _____

School address _____

City/State/Zip _____

Telephone _____ Fax _____ Website _____

Primary Representative _____

Position/title _____ Credentials _____ Preferred Prefix _____

Telephone _____ Fax _____ Work Email _____

New Member **Former member** Last year of membership (if known) _____ Member ID# (if known) _____

Education Agency Membership For the period January to December.

(Dues are prorated for less than full year. If applying after January 31, call 212-363-555 x227 for fee quote)

Fees are based on the total number of graduates from combined nursing programs in the school.

Please select education agency membership category

0-50 graduates..... \$935 51-100 graduates.....\$1,155 101 or more graduates.....\$1,375

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

Please complete back
page of application

PLEASE LIST NURSING PROGRAMS OFFERED

If more than three programs, please copy form and attach

- 1. Program name _____
Program Director's name _____
Location(s) of program offered _____
Number of graduates (last full academic year) _____ Year _____

- 2. Program name _____
Program Director's name _____
Location(s) of program offered _____
Number of graduates (last full academic year) _____ Year _____

- 2. Program name _____
Program Director's name _____
Location(s) of program offered _____
Number of graduates (last full academic year) _____ Year _____

> IMPORTANT BENEFIT <

When your school joins the NLN all full- and part-time faculty members are entitled to full individual member benefits (with online access to our journal) at no additional charge. Faculty benefits become effective upon receipt of your roster. **Please attach a list of your full- and part-time faculty including, email address for each, or email your roster to membership@nlm.org**

I understand that my membership dues includes \$8.50 for my subscription to *Nursing Education Perspectives*

Date of application

Signed