

NLN Individual 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)

Name _____

Position/title _____ Credentials _____ Preferred Prefix _____

Home address _____

City/State/Zip _____

Telephone _____ Fax _____ Email _____

Employer _____

Work address _____

City/State/Zip _____

Telephone _____ Fax _____ Work Email _____

Preferred Mailing address: Home Work

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

Full-time faculty Part-time faculty Other (specify) _____

Individual Membership Categories (select one)

Full individual (one year)....\$110 Retired individual (one year)... \$ 75 Graduate student individual...\$75*

Full individual (two years)...\$200 Retired individual (two years) ...\$130 (*enclose copy of student ID)

Check payable to the National League for Nursing is enclosed

Please charge my credit card: American Express Discover Mastercard VISA

Credit card number: _____ Expiration date: _____

Name as it appears on card (print)

Signature

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

Date of application

Signed