

# NLN Individual Membership 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)

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