

Please complete and mail/fax with payment to:
The National League for Nursing - Membership
2600 Virginia Avenue, NW
Washington, DC 20037
Fax: 202.944.8523



(Please print or type)

Organization/Agency Name:			
Address			
City/State/Zip			
Telephone	Fax	Website	

Primary Representative: (to whom mail is directed)			
Position/title		Credentials	Preferred Prefix
Telephone		Fax	Work Email

NLN Associate Fee

The membership period is January to December. Select either single site or multiple site.

Single Site... \$625 Multiple Sites... \$625 + (# of additional sites ____ x \$230) = Total enclosed _____

Payment Information

☐ Check enclosed, payable to National League for Nursing

☐ Charge my credit card: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa

Credit card number:

Expiration date:

Name on card: (print)

Signature:

Complete and sign next page

ADDITIONAL SITES

- ☐ Yes. We have additional sites with different zip codes.
- ☐ No. We do not have additional sites with different zip codes.

(If more than two attach separate sheet)

Name of Primary Contact and Title:	
Mailing Address:	
Email and Phone Number:	

Name of Primary Contact and Title:	
Mailing Address:	
Email and Phone Number:	

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.

Date of application

Signed