

# NLN Associate Member Application

Please complete and mail/fax with payment to:  
**The National League for Nursing**  
**Attn: Membership**  
2600 Virginia Avenue, NW, 8<sup>th</sup> Floor  
Washington, DC 20037  
Fax: (202) 944-8523



(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 \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

Email \_\_\_\_\_ Phone \_\_\_\_\_

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## NLN Associate Fee

The membership period is January to December. Dues are prorated for less than full year. If applying after January 31, please email [membership@nlm.org](mailto:membership@nlm.org) for a fee quote. Select either single site or multiple site.

**Single Site...** \$550     **Multiple Sites...** \$550 + (# of additional sites \_\_\_\_ ) x \$200 = Total enclosed \_\_\_\_\_

## Payment Information

**Check** payable to the National League for Nursing is enclosed

**Charge my credit card:**     American Express     Discover     Mastercard     VISA

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

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

\_\_\_\_\_  
Signature

Complete and sign next page

**ADDITIONAL SITES**    None

(If more than two attach separate sheet)

1. Name of Primary Contact: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

2. Name of Primary Contact: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**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.

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date