

New York State Nurses
Association

**Professional
Nurses
District** **3**

www.district3rn.org

Membership/Renewal Form

Benefits Include: Networking
Updates on Health Care Legislation
Representation in NYSNA & ANA
Special Interest Group
Educational Programs

Name (Last)	First	MI
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Address (Street):	Sex
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City:	State:	Zip:
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Home phone:	E-Mail:
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RN license: State of

Employer:

Business Phone:

Are you a member of NYSNA? Yes _____ No _____

Type: _____ Student _____ Clinical _____ Academic _____ Administrative

Full-time _____ Part-time _____

How did you hear of District 3: _____ Nurse's Notes Newsletter _____ Employer _____ Friend _____ Meeting Notice _____ Other: _____

Please check the committees you are willing to serve on: _____ Official Publication (Newsletter) _____ Legislative _____ Membership _____ Program _____ Finance _____ Public Relations _____ Student Recognition _____ Other: _____

Annual dues schedule: Registered Nurses = \$30.00 Retired Nurses = \$10.00

Send check to: Professional Nurses District #3 PO Box 1171 Elmira, NY 14901

<i>Office Use Only:</i> _____ new member? _____ database _____ renewal date _____ card out _____ membership chair copy Rec'd _____ Ck# _____

PLEASE RETURN BY _____
