

# MEMBERSHIP APPLICATION

*A Membership Organization dedicated to Nurses in the Long Term Care Continuum*

New     Renew

**Please print clearly (use one form per applicant or update renewal notice information)**

**Tell Us About You      Select all that apply:**     CDONA     FACDONA     CALN     CLPN     GDCN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Tell Us About Your Career**                       Skilled Nursing     Assisted Living     Retired

Corporation \_\_\_\_\_ Facility/Community Name \_\_\_\_\_

Facility/Community Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Facility Phone (please include extension) \_\_\_\_\_ Work Email \_\_\_\_\_

Title \_\_\_\_\_ License# and State Issued \_\_\_\_\_ Type of license (RN, LPN, LVN) \_\_\_\_\_

## Membership Dues

**PLEASE SUBMIT FEES FOR DUES AS LISTED BELOW (circle one)**

STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR
Alabama	\$110	\$195	Indiana	\$115	\$200	Nebraska	\$110	\$200	South Carolina	\$115	\$210
Alaska	\$110	\$200	Iowa	\$110	\$200	Nevada	\$130	\$235	South Dakota	\$110	\$200
Arizona	\$115	\$200	Kansas	\$115	\$200	New Hampshire	\$115	\$200	Tennessee	\$115	\$210
Arkansas	\$110	\$190	Kentucky	\$115	\$210	New Jersey	\$130	\$235	Texas	\$125	\$225
California	\$110	\$200	Louisiana	\$110	\$200	New Mexico	\$115	\$215	Utah	\$110	\$200
Colorado	\$110	\$200	Maine	\$110	\$200	New York	\$120	\$215	Vermont	\$110	\$200
Connecticut	\$115	\$210	Maryland	\$120	\$220	North Carolina	\$115	\$210	Virginia	\$115	\$200
Delaware	\$110	\$200	Massachusetts	\$125	\$215	North Dakota	\$125	\$230	Washington	\$115	\$210
Florida	\$125	\$230	Michigan	\$120	\$220	Ohio	\$130	\$235	Wash D.C.	\$110	\$200
Georgia	\$115	\$205	Minnesota	\$115	\$210	Oklahoma	\$115	\$210	West Virginia	\$110	\$200
Hawaii	\$120	\$220	Mississippi	\$110	\$195	Oregon	\$110	\$200	Wisconsin	\$110	\$200
Idaho	\$110	\$195	Missouri	\$120	\$210	Pennsylvania	\$115	\$205	Wyoming	\$110	\$195
Illinois	\$115	\$210	Montana	\$110	\$195	Rhode Island	\$110	\$200			

## How Would You Like to Pay?

Check Enclosed                       Visa                       MasterCard                       American Express                       Discover

Name as it appears on card: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Card#: \_\_\_\_\_                      Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

*Contributions or gifts to the National Association of Directors of Nursing Administration in Long Term Care, Inc. are not tax deductible as charitable contributions.*

*However, they may be deductible as ordinary and necessary business expenses.*

Make check or money order payable to: NADONA/LTC, 1329 E. Kemper Road \* Suite 4100A \* Cincinnati, OH 45246

FOR Credit Cards only - fax request to (513) 791-3699

Apply for membership on our website with Visa/Mastercard/American Express/Discover @ [www.nadona.org](http://www.nadona.org)

**Membership question? Call NADONA/LTC toll free 800-222-0539 or Email us at [membership@nadona.org](mailto:membership@nadona.org)**