



NADONALTC

*RETIREE MEMBERSHIP APPLICATION

****Applies to National membership/dues only, please contact your individual state chapter concerning your state dues***

If you are a retired Director of Nursing in long term care, have been a NADONA member for a minimum of 5 consecutive years prior to retirement and are not currently utilizing your RN license in any work capacity, you are eligible for a lifetime complimentary membership in NADONA/LTC.

Please complete this application in its entirety and return to:

NADONA/LTC
11353 Reed Hartman Highway, Suite 210
Cincinnati, OH 45241
800.222.0539

Eligibility for this membership is the sole discretion of NADONA/LTC

Name _____

Address _____

Phone _____

Email _____

Years of membership with NADONA: _____

Years of service as a in LTC continuum as a Nurse Executive or equivalent: _____

Served as State or National Officer or Chair: YES NO

If yes, please describe _____

Are you retired full time? YES NO Are you employed elsewhere? YES NO

Please provide a detailed explanation for the reason you want lifetime complimentary membership with NADONA/LTC.

Signature: _____

Date: _____