

NMNAINA MEMBERSHIP APPLICATION

Date _____

Name _____

HOME ADDRESS	WORK ADDRESS
Street:	<u>Street:</u>
City:	City:
State/Zip:	<u>State/Zip:</u>
Home Phone:	<u>Work Phone:</u>
E-mail:	<u>E-mail:</u>
PRIMARY Yes No circle choice	PRIMARY Yes. No circle choice

Employer: _____

Annual Membership (Select one)

Full Membership (Must have a tribal affiliation) _____

Tribal Affiliation (List tribe) _____

RN \$60.00 ___ LPN \$35 ___ Retired \$35.00 _____ Nursing Student \$20.00 _____

Associate Membership (non-native)

RN \$60.00 ___ LPN \$35.00 ___ Nursing Student \$20.00 _____ Other/retired \$35.00 _____

If other than RN or LPN, list occupation _____

APPLICANT'S SIGNATURE _____ Date: _____

Make Check Payable to: New Mexico Native American Indian Nurses' Association, Inc.
Mail form to: PO. Box 26674, Albuquerque, NM 87125

TREASURER _____ Date: _____

CHECK # _____ DATE _____ Amount Paid _____

MEMBERSHIP CARD SENT

Renewal Letter Sent: