

Northeast New York Professional Nurses Organization
MEMBERSHIP APPLICATION
P.O. Box 11113
Loudonville, New York 12211

DATE OF APPLICATION/RENEWAL _____ **New Member** **Renewing**

Member

Name: _____

Home Address: _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

Preferred E-mail: _____

Employment Information

Position/Title: _____

Employer: _____

Area of Specialization: _____

Educational areas of interest: _____

I was referred to NNYPNO by: _____

Would you like to make an additional donation to the Scholarship Fund, which is used to assist in funding the education of area nurses? Yes ***No***

Annual Membership Dues - \$45.00 /yr	\$
*Newly licensed RNs – rate \$33.75 Month/year of graduation _____	\$
*Retiree rate - \$22.50/yr Month/year of retirement _____	\$
Scholarship Fund Donation	\$
Amount Enclosed:	\$

Please mail application form and check to:
Northeast New York Professional Nurses Organization, Inc.
P.O. Box 11113
Loudonville, New York 12211

QUESTIONS - Email us at:
nnypno@gmail.com

*Please make checks payable to:
Northeast New York Professional Nurses Organization, Inc.*

Membership year is July 1 – June 30. Persons applying for membership after January 1 will pay 50% of the dues. Newly licensed RNs pay 25% of the dues for the first year of membership. RNs aged 62 or older are eligible for the retiree rate.