



MEMBERSHIP APPLICATION

5 Southside Dr.
Ste 11 - 326
Clifton Park, NY 12065

DATE OF APPLICATION/RENEWAL _____ New Member Renewing Member
Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Preferred E-mail: _____

Employment Information

Position(s)/Title(s): _____

Credentials: _____

Employer(s): _____

Area(s) of Specialization: _____

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 (July 1 - June 30) \$45/yr	\$
Pro-Rated Membership Dues (Jan 1 - June 30) \$22.50/half yr.	
*Newly licensed RN or Full-time student— rate \$33.75 Month/year of graduation _____	\$
**Retiree rate - \$22.50/year Month/year of retirement _____	\$
Scholarship Fund Donation	\$
Total Amount Enclosed:	\$

Membership year is July 1 – June 30. Persons applying for membership after January 1 will pay 50% of the dues.

*Newly licensed RNs pay 75% of the dues for the first year of membership.

**RNs aged 62 or older are eligible for the retiree rate at 50%.

Please mail application and check to:

Northeast New York Professional Nurses
Organization, Inc.
5 Southside Dr.
Ste 11 - 326
Clifton Park, NY 12065

Please make checks payable to:

*Northeast New York Professional Nurses
Organization, Inc.*

QUESTIONS - Email us at: nnypno@gmail.com