

National Alaska Native American Indian Nurses Association (NANAINA)



**Membership Application**

<b>Mike Snesrud, NANAINA Treasurer</b> 418 Russell Drive South Holmen, WI 54636	<input type="radio"/> New Member <input type="radio"/> Renewing <input type="radio"/> Lifetime Member _____ (year paid)		
Please type or <b>write legibly</b> , this information must be readable.			
<b>Name:</b> _____ <b>Nursing Credentials:</b> _____			
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Phone:</b> _____		<b>Cell:</b> _____	
<b>Email:</b> _____			
<b>If Student, print name of nursing school:</b> _____			
<b>Recruited by:</b> _____			

**Membership Information**

<b>Check appropriate one(s)</b>					
<input type="checkbox"/> RN	<input type="checkbox"/> Allied Health Profession	<input type="checkbox"/> LPN/VN	<input type="checkbox"/> Other		
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Undergrad Student	<input type="checkbox"/> Graduate Student		
<b>Educational Information (include Degree and Year)</b>					
<input type="radio"/> Diploma _____	<input type="radio"/> Associate _____	<input type="radio"/> Bachelors _____	<input type="radio"/> Masters _____	<input type="radio"/> Doctorate _____	
<b>Bachelor Institution Attended &amp; City/State</b>					
<b>Masters Institution Attended &amp; City/State</b>					
<b>Doctorate Institution Attended &amp; City State</b>					
<b>Employer:</b>					
<b>Title/Position:</b>					
<b>Tribal Affiliation(s):</b>					
<b>Experience in nursing:</b>					
<input type="checkbox"/> Less than 2 years	<input type="checkbox"/> 2-5 yrs	<input type="checkbox"/> 6-10 yrs	<input type="checkbox"/> 11-15 yrs	<input type="checkbox"/> 16-20 yrs	<input type="checkbox"/> 20+ yrs
<b>Annual Membership Fees (January 1 to December 31)</b>					
<input type="checkbox"/> Full (\$75.00) <input type="checkbox"/> Lifetime Member* (\$750.00) <input type="checkbox"/> Associate (\$50.00) <input type="checkbox"/> Student**(\$10.00) <input type="checkbox"/> Retired (\$25.00) <input type="checkbox"/> Corporate (\$250.00)                    *Lifetime Membership fee is a one-time fee, not annual **Student is defined as undergraduate, including RN-BS					

**Date** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Office Information: \_\_\_\_\_ Date rec'd \_\_\_\_\_ Check No: \_\_\_\_\_ Amount \_\_\_\_\_