



ANNUAL MEMBERSHIP APPLICATION
INDIVIDUAL MEMBERSHIP ONLY
JANUARY 1 through DECEMBER 31 each year

Advocates for Quality Healthcare

2017

MEMBERSHIP DESCRIPTION:

* New Renewal

Voting Member: Registered Members Only

MEMBERSHIP DIRECTORY LISTING (This information will appear in the Membership Directory)

NAME (include credentials & licenses) _____

JOB TITLE _____

EMPLOYER _____

BUSINESS TELEPHONE # _____ FAX # _____

E-MAIL ADDRESSES (work & personal) _____

WEBSITE (optional) _____

FOR CONTINUING EDUCATION

RN LICENSE# _____ CCM# _____ OTHER# (specify) _____

RNS NEWSLETTER DELIVERY

Send by email Send by mail

ADDRESS (For RNS mailing) Home Work

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE # (For Board Use Only) _____

RNS COMMITTEE INTEREST / VOLUNTEER

Board Member

Program Committee

Nominating Committee

Resource Directory Committee

APPLICANT SIGNATURE _____ Date _____

(required)

**Annual membership fee of \$50.00 is due by January 31st, payable to RNS mailed with this form to:
RNS, C/O Hanna van der Walt, 10459 La Ballena, Fountain Valley, CA 92708**

Office use only:

Date: _____

Check #: _____

Amt: _____