



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

Advocates for Quality Healthcare

2018

MEMBERSHIP DESCRIPTION: (includes voting privileges with paid membership)

New Renewal

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

NAME (credentials & licenses) _____

JOB TITLE _____

EMPLOYER _____

CONTACT TELEPHONE # _____ FAX # _____

E-MAIL ADDRESS (for RNS newsletter delivery and contact) _____

FOR CONTINUING EDUCATION

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

RNS NEWSLETTER DELIVERY (via email listed above unless specified by mail)

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

Applicant Signature _____ Date _____
(Required)

***Annual membership fee \$40.00 due by January 31st, payable by check, with this form to:
RNS, c/o Debbie Morris, 33 via Anadeja, Rancho Santa Margarita, CA 92688.***

Office use only:
Date: _____
Check #: _____
Amt: _____