

NACN-USA - NEW 1ST TIME MEMBER APPLICANTS ONLY

Select Appropriate Box For Membership Type & Date When Making Initial Application (NOTE: Fee is Pro-Rated for Initial Membership Only)
See www.nacn-usa.org for Membership details.

Date Range When Making Application	General Member (National Only)		Constituent Member (National & 1 Council)		Associate Member (National Only)		Associate Member (National & 1 Council)		Student Member (National Only <u>OR</u> National & Council)	
	First Time Application	Check Box Below	First Time Application	Check Box Below	First Time Application	Check Box Below	First Time Application	Check Box Below	First Time Application	Check Box Below
1/1 – 3/31	\$35		\$40		\$35		\$40		No Fee *See note below	
4/1 – 6/30	\$30		\$30		\$30		\$30			
7/1 – 9/30	\$20		\$20		\$20		\$20			
10/1 – 12/31	\$10		\$10		\$10		\$10			

**Students must include a letter from the nursing school indicating student-status or a copy of student ID showing current enrollment.*

For Memberships With A Council, Enter Council Name									
If More Than One Council Desired, Add Additional Council Name(s) (Note: Add \$20 Per Extra Council)								Enter Amount For Extra Council(s)	\$
Enter Membership Fee Total:		Optional Donation To The Scholarship Fund:		**Total Amount Of Check Payable To: NACN-USA:		Office Use Area	Check #:	Date Rec'd:	

****Send application and payment to: NACN-USA, P.O. Box 3016, Lisle, Illinois 60532-8016**

Last Name		First Name		Middle Initial				
Home Address								
City		State		Zip Code				
Home Phone		Email Address						
Parish Name				Diocese				
Employer				Position				
Nursing Education: Degrees & Certifications								
Check Boxes For Permission for Use in Member Directory (not shared outside NACN-USA):	Name		Address		Email		Phone #	