

FADONA/NADONA Membership Application

Please be advised: Applications without fees cannot be processed.

Name: _____ Title: _____

LTC facility name: _____

Other company name: _____

Address: _____
Street City State ZIP

County: _____ Phone: (____) _____ E-mail: _____

I am enclosing my FADONA and/or FADONA/NADONA membership dues.

[] FULL MEMBER: \$125/yr. or \$230 for 2 years. Eligibility: Any registered nurse who is currently or has previously within the past five (5) years (upon initial application) served as director of nursing, assistant director of nursing or administrative RN in a long-term care facility, assisted living facility, or a home health agency that is long-term care, facility-based. "Full" members from Florida automatically join FADONA when joining NADONA. Make all "Full" member dues payable to **NADONA** and mail directly to: **1329 East Kemper Road, Suite 4100A, Springdale, OH 45246**. NADONA can be reached at (800) 888-222-0539, fax: (513) 791-3699.

[] ASSOCIATE MEMBER: \$250/yr. Eligibility: Open to any RN, LPN, physician, or other professional who is involved in the health care field and who is interested in supporting the goals and objectives of FADONA. Associate members are non-voting FADONA members and are not eligible for vendor discounts for advertising, exhibiting, etc. You must join FADONA as a Patron or Alliance Council member in order to receive vendor discounts and other benefits. Make "Associate" member dues payable to **FADONA/LTC** and mail to: **400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401**.

Amount Enclosed \$ _____