

MEMBERSHIP APPLICATION

A Membership Organization dedicated to Nurses in the Long Term Care Continuum

New Renew

Please print clearly (use one form per applicant or update renewal notice information)

Tell Us About You Select all that apply: **CDONA** **FACDONA** **CALN** **CLPN** **GDCN**

First Name _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home Email _____

Tell Us About Your Career **Skilled Nursing** **Assisted Living** **Retired**

Corporation _____ Facility/Community Name _____

Facility/Community Address _____ City _____ State _____ Zip _____ County _____

Facility Phone (please include extension) _____ Work Email _____

Title _____ License# and State Issued _____ Type of license (RN, LPN, LVN) _____

Membership Dues

PLEASE SUBMIT FEES FOR DUES AS LISTED BELOW

If you do not see your state, inquire about beginning a chapter in your state!

STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR
Alabama	\$110	\$195	Illinois	\$115	\$210	Montana	\$110	\$195	Pennsylvania	\$115	\$205
Arizona	\$115	\$200	Indiana	\$115	\$200	Nevada	\$130	\$235	South Carolina	\$115	\$210
Arkansas	\$110	\$190	Kansas	\$115	\$200	New Hampshire	\$115	\$200	Tennessee	\$115	\$210
California	\$110	\$200	Kentucky	\$115	\$210	New Jersey	\$130	\$235	Texas	\$125	\$225
Colorado	\$110	\$200	Maryland	\$120	\$220	New Mexico	\$110	\$210	Virginia	\$115	\$200
Connecticut	\$115	\$210	Massachusetts	\$125	\$215	New York	\$120	\$215	Washington	\$115	\$210
Florida	\$125	\$230	Michigan	\$120	\$220	North Carolina	\$115	\$210	West Virginia	\$110	\$200
Georgia	\$115	\$205	Minnesota	\$115	\$210	North Dakota	\$125	\$230	Wyoming	\$110	\$195
Hawaii	\$120	\$220	Missouri	\$120	\$210	Ohio	\$110	\$195			
Idaho	\$110	\$195	Mississippi	\$110	\$195	Oklahoma	\$115	\$210			

For all States not listed, please pay \$90.00 for one year; \$160.00 for two years membership

How Would You Like to Pay?

Check Enclosed **Visa** **MasterCard** **American Express** **Discover**

Name as it appears on card: _____

Billing Address (if different from above) _____

Card#: _____ **Expiration Date:** ____/____

Signature: _____

Contributions or gifts to the National Association of Directors of Nursing Administration in Long Term Care, Inc. are not tax deductible as charitable contributions.

However, they may be deductible as ordinary and necessary business expenses.

Make check or money order payable to: NADONA/LTC, 11353 Reed Hartman Highway, Suite 210, Cincinnati, Ohio 45241

FOR Credit Cards only - fax request to (513) 791-3699

Apply for membership on our website with Visa/Mastercard/American Express @ www.nadona.org

Membership question? Call NADONA/LTC toll free 800-222-0539 or Email us at membership@nadona.org R-12/18/2014