

2012 GVNA Membership Application & Annual Dues

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

Preferred Phone listing (Home/Work) \_\_\_\_\_

Birthday Month: \_\_\_\_\_

\*\*\*E-mail Address: \_\_\_\_\_

\*\*\*Please include an email address where you can receive information. GVNA is working towards more electronic form of communication of programs/events and the newsletter to cut down on mailing costs.

Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Educational Preparation: \_\_\_\_\_ Date of Graduation from RN Program: \_\_\_\_\_

Membership Status: \_\_\_\_\_ New \_\_\_\_\_ Renewal

\_\_\_\_\_ Registered Nurse Level (Active) \$50.00

\_\_\_\_\_ Unemployed/Retired/Disabled RN \$25.00

\_\_\_\_\_ Student Associate (Not currently licensed as an RN) \$10.00

Please indicate any GVNA Activities that are of interest to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Holistic            | <input type="checkbox"/> Career Day at High School |
| <input type="checkbox"/> Nursing             | <input type="checkbox"/> BP Screenings             |
| <input type="checkbox"/> Gerontology         | <input type="checkbox"/> Health Fairs              |
| <input type="checkbox"/> Psych/Mental Health | <input type="checkbox"/> Nurse Practitioner Issues |
| <input type="checkbox"/> Community Health    | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Pediatrics          |  |

Please indicate any GVNA Committees that are of interest to you:

- Fundraising
- Public Relations
- Program
- Membership
- Legislative
- Editorial Board

Please mail this form with check payable to:

GVNA  
P.O. Box 22908  
Rochester, NY 14692  
Attention: Membership