

GVNA Membership Application
&
Annual Dues

Name: _____

Mailing Address: _____

City/State/Zip: _____ County _____

Preferred Phone listing (Home/Work) _____

***E-mail Address: _____

***Please include an email address where you can receive information. GVNA is working toward more electronic 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:

Holistic Nursing Gerontology Psych/Mental Health Community Health

Pediatrics Career Day at High School BP Screenings Health Fairs

Nurse Practitioner Issues Other _____

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,
1441 East Avenue, Rochester, NY, 14610
Attention: Membership