



**To join online (using a credit card) go to [pnadutchessputnam.org](http://pnadutchessputnam.org)**

**Membership Application (for region membership)**

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-mail \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ Area of Specialization \_\_\_\_\_

Would you be willing to be a candidate for Office/Board position or serve on a committee?

- Program       Legislation       Newsletter  
 Public Relations       Membership       Nominations for office  
 Scholarship       Awards       Candidate for Office/Board

Would you be willing to assist with short term projects (EX.: Program Registration/Mailings)?  YES  NO

***Please indicate type of membership:***

New Member	45	
Renewal Member	45	
Discounted Membership 3 <sup>rd</sup> /4 <sup>th</sup> semester student (RN program) and/or 1 <sup>st</sup> year of RN licensure	25	
Discounted Membership Retiree (not actively employed or earning under Social Security limits)	25	
Gift Membership: Name & address of person giving gift:	45	
TOTAL		

**MEMBERSHIP DUES ARE EFFECTIVE FOR ONE YEAR (THE DATE OF APPLICATION THROUGH AUGUST 31 of THE FOLLOWING YEAR (i.e. if you join March of 2019 the membership is effective until August 2020). Renewal fees are due SEPTEMBER 1 of each year, thereafter. REMEMBER E-MAIL CORRESPONDENCE SAVES US MONEY!!!**

**CHECK ONE: CORRESPONDENCE BY MAIL  POSTAL SERVICE**

**PLEASE FORWARD TO:** Karen Sieverding, 20 Cross Creek Run, Highland NY 12528

Date paid: \_\_\_\_\_ Effective From: \_\_\_\_\_ to \_\_\_\_\_