



STATELINE NURSES NETWORK
MEMBERSHIP APPLICATION

APPLICANT INFORMATION			
Name: (Last, First, MI)			
Current address:			
City:	State:	Zip Code:	
Home phone:		Cell Phone:	
Current Email:			
Current employer:			
Work phone:		Work e-mail:	
RN license#:		State of licensure:	
Committees interested in: (circle all that apply) Nurses Expo Publicity Nursing Advancement			
SNN membership # (renewing members):			
Preferred method of contact:			
<small><i>With your membership and payment of dues, you are consenting to sharing your contact information above among SNN members for the purposes of networking, collegiality, and advancing the nursing profession. Your information will NEVER be sold or shared with any other agencies, businesses, or organizations. We are not affiliated with any other entities.</i></small>			

Full Annual Payment Membership dues \$20

CHECK OR MONEY ORDER MADE PAYABLE TO THE **STATELINE NURSES NETWORK**

Membership Privileges:

1. Participation in Stateline Nurses Network activities.
2. Serve on Nurses EXPO or other committees.
3. Vote in matters pertaining to Stateline Nurses Network.
4. Discounts at Stateline Nurses Network sponsored events.

**RETURN COMPLETED APPLICATION
WITH PAYMENT TO:**

STATELINE NURSES NETWORK
In Care of: Patricia Hall
5818 Gridley Court
South Beloit, IL 61080

Email:
statelinenurses2013@gmail.com

For Office Use Only:

RECEIVED PAYMENT: _____ ASSIGNED SNN MEMBERSHIP #: _____