



## STATELINE NURSES NETWORK MEMBERSHIP APPLICATION

APPLICANT INFORMATION	
Full Name:	
Home Address:	
City, State, Zip Code:	
Home Phone:	Cell Phone:
Personal Email:	
Current Employer:	
Work Phone:	Work Email:
RN License #:	State of Licensure:
Credentials (i.e., RN, BSN)	Job Title (if applicable):
Committees Interested in: <input type="checkbox"/> Nurses Expo <input type="checkbox"/> Publicity <input type="checkbox"/> Nursing Advancement <input type="checkbox"/> Pain Resource	
SNN Membership # (renewing members only):	
How did you hear about us:	
<i>With your membership and payment of dues, you are consenting to share your contact information above among other 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, business, or organizations. We are not affiliated with any other entities.</i>	

<p><b>Full Annual Payment for Membership Dues:            \$20*</b></p> <p>*CHECK OR MONEY ORDER PAYABLE TO <b>STATELINE NURSES NETWORK</b></p> <p>*Online payments include an additional \$5 processing fee</p> <p>Membership Privileges:</p> <ol style="list-style-type: none"> <li>1. Participation in Stateline Nurses Network activities</li> <li>2. Opportunity to serve on Nurses Expo or other committees</li> <li>3. Vote in matters pertaining to Stateline Nurses Network</li> <li>4. Discounts at special Stateline Nurses Network sponsored events</li> </ol>	<p><b>RETURN COMPLETED APPLICATION WITH PAYMENT TO:</b></p> <p>STATELINE NURSES NETWORK c/o Patricia Hall 5818 Gridley Court South Beloit, IL 61080</p> <p><b>QUESTIONS?</b></p> <p>Email: <a href="mailto:Statelinenurses2013@gmail.com">Statelinenurses2013@gmail.com</a> Phone: 608-713-1261</p>
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**For Office Use Only:**

**RECEIVED PAYMENT:** \_\_\_\_\_

**ASSIGNED SNN MEMBERSHIP #:** \_\_\_\_\_