



New York State ID/DD Nurses Association, Inc.

Membership Application/Renewal Form

New Members - Complete all information. **Renewing Members - Complete only name and changes.** This form can also be used for zone transfer and other updates.

Check all that apply:

- New Member (full membership) Renewing Member Associate Member*

Name _____

- RN LPN RN Student LPN Student Transfer (requesting transfer from zone ____ to zone ____)

Nurse License Number _____

Home Address _____

City, State, Zip _____ County _____

Home Telephone _____ Email _____

Work Site/Agency Name _____

Work Address _____

City, State, Zip _____ County _____

Work Telephone _____ Email _____

School Attending (associate member only) _____

SEND ALL MAILINGS TO: HOME WORK

**ANNUAL MEMBERSHIP FEE (Membership Year is April 1-March 31):
Full Membership \$45 Associate Membership* \$15**

* Associate members are full time RN or LPN students or inactive (retired or unemployed), and are non-voting members.
Make check/money order payable to NYS ID/DD Nurses Association, Inc.
Mail application and payment to PO Box 32, Hannawa Falls, NY 13647

Questions? Email information@nysiddna.org