



# 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 \_\_\_\_)

Do you hold CDDN?  yes  no

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](mailto:information@nysiddna.org)