



Membership Application

Go to cnlassociation.org to pay by credit card,
 or mail check payable to CNLA to: Clinical Nurse Leader Association,
 PO Box 122316, Arlington, TX 76012.

PHONE: 202-463-6930 ext. 267 -- E-MAIL: info@cnlassociation.org

PRINT as legibly as possible!

NAME

CREDENTIALS

Email Address

MAILING ADDRESS

CITY

STATE

ZIP

EMPLOYMENT STATUS: Full-Time Part-Time Unemployed Retired Student

PRIMARY PRACTICE SETTING: Hospital Public Health/Community Nursing

Hospice MD Office Long-Term Care Ambulatory Care Other _____

New Membership

Renewal

Certified/Full Member..... \$180

Automatically Renewing (online only)..... \$150

Student Member..... \$120

Automatically Renewing (online only)..... \$100

Membership dues are not tax deductible as a charitable contribution. They may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

Enrollment form must accompany payment. Please direct any questions to the e-mail address above.

METHOD OF PAYMENT:

Check # _____ (enclosed). \$ _____

Make payable to **CNLA**

*A charge of \$25 will apply to checks returned for insufficient funds.

Check to be mailed by member's employer

Credit Card (Please go to link above)