UNYANPD

Upstate New York Association for Nursing Professional Development

MEMBERSHIP FORM for _____Year

NAME _____

CREDENTIALS _____

TITLE _____

INSTITUTION _____

WORK ADDRESS_____

HOME ADDRESS_____

PREFERRED MAILING ADDRESS: WORK _____ HOME _____

TELEPHONE NUMBERS: WORK (____) _____

HOME (____) _____

FAX (____) _____

e-mail _____

LEVEL OF MEMBERSHIP:

_____ AFFILIATE MEMBERSHIP: $10.00 dues enclosed.
MUST BE A CURRENT ANPD MEMBER
ATTACH DOCUMENTATION OF MEMBERSHIP

_____ASSOCIATE MEMBERSHIP: $15.00 dues enclosed.

MAKE CHECK PAYABLE TO: UNYANPD

MAIL TO: Sue Everett, BSN RN
Staff Educator
St. Mary's Healthcare
427 Guy Park Avenue
Amsterdam, NY 12010

Date of payment: _____ Received by: _____

Revised 11/2/2016