



**Organizational Membership Type\***

- \_\_\_ 1 Facility/School Site \$175 Dues
- \_\_\_ 2-4 Facilities/School Sites: \$325 Dues
- \_\_\_ 5-7 Facilities/School Sites: \$675 Dues
- \_\_\_ 7+ Facilities/School Sites: \$925 Dues

\*Two individual memberships are authorized at each facility

**Payments Options:**

- \_\_\_ Check Enclosed Amount \_\_\_\_\_
- \_\_\_ MasterCard \_\_\_ VISA

Credit Card No.:

Expiration Date: \_\_\_\_\_

Billing Address:

Billing Telephone Number:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Mailing Address: \_\_\_ Business \_\_\_ Home

Preferred E-mail Address: \_\_\_ Business \_\_\_ Home

Preferred Directory Address: \_\_\_ Business \_\_\_ Home

Would you be interested in becoming a Mentor? \_\_\_ Yes \_\_\_ No

List area(s) of expertise: \_\_\_\_\_

Would you be interested in becoming a Mentee? \_\_\_ Yes \_\_\_ No Area of interest: \_\_\_\_\_

Age: \_\_\_ 20-30 \_\_\_ 31-40 \_\_\_ 41-50 \_\_\_ 51-60 \_\_\_ 61-71+

Was Nursing Your 1st Profession \_\_\_ Yes \_\_\_ No

If no, list previous profession \_\_\_\_\_

Are you a NLN Member \_\_\_ Yes \_\_\_ No

Do you have an APRN License \_\_\_ Yes \_\_\_ No If Yes, Speciality \_\_\_\_\_

Education: (LPN, AD, BSN, MSN, PhD, EdD, DNSc, DNP, ND)

Degree \_\_\_\_\_ Institute \_\_\_\_\_ Year Grad. \_\_\_\_\_

Degree \_\_\_\_\_ Institute \_\_\_\_\_ Year Grad. \_\_\_\_\_

Degree \_\_\_\_\_ Institute \_\_\_\_\_ Year Grad. \_\_\_\_\_

Are you a Faculty Member \_\_\_ Yes \_\_\_ No If Yes, Full-time (FT) \_\_\_ Part-Time (PT) \_\_\_

If yes, School \_\_\_\_\_

Subject area(s) \_\_\_\_\_

If no, would you be interested in becoming in a Faculty member \_\_\_ Yes \_\_\_ No FT\_\_\_ PT\_\_\_

**If Paying by check, send form and check to address below.**

**If paying by credit card, FAX form to Fax number below.**

**CT League for Nursing (CLN)**  
 51 North Main St., Suite 3D  
 Southington, CT 06489  
 (860) 276-9621 • (860) 276-8798 Fax

**Any questions, please contact:**  
 Lisa Olsen at 860-276-9621  
 E-Mail: [lisa@ctleaguefornursing.org](mailto:lisa@ctleaguefornursing.org)