

Individual Membership Application  
for the CT League for Nursing (CLN)

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



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

**Individual Membership type:**

\_\_\_ Active \$65

\_\_\_ Retired \$50

\_\_\_ Student \$45

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\_\_\_

**Payments Options:**

\_\_\_ Check Enclosed Amount \_\_\_\_\_

\_\_\_ MasterCard

\_\_\_ VISA

Credit Card No.:

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

Billing Address:

Billing Telephone Number:

**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)**

7 Meadow Road

Enfield, CT 06082

(860) 745-4649 • (860) 745-6360 Fax

**Any questions, please contact:**

Mary Ann Turner

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