

**NEW MEXICO NATIVE AMERICAN  
INDIAN NURSES ASSOCIATION, INC.**

**NMNAINA MEMBERSHIP APPLICATION**

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

HOME ADDRESS	WORK ADDRESS
Street:	<u>Street:</u>
City:	<u>City:</u>
Sate/Zip:	<u>State/Zip:</u>
Home Phone:	<u>Home Phone:</u>
e-mail:	<u>E-mail:</u>

Employer: \_\_\_\_\_

Annual Membership (Select one)

\_\_\_\_\_ Full Membership (Must have a tribal affiliation)

Tribal Affiliation (List tribe) \_\_\_\_\_

RN \$50.00 \_\_\_\_\_ LPN \$30.00 \_\_\_\_\_ Retired \$30.00 \_\_\_\_\_ Nursing Student \$15.00 \_\_\_\_\_

\_\_\_\_\_ Associate Membership: RN \$50.00 \_\_\_\_\_ LPN \$30.00 \_\_\_\_\_ Other \$30.00 \_\_\_\_\_

If other than RN or LPN, list occupation \_\_\_\_\_

PRINT Name: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Checks Payable to: New Mexico Native American Indian Nurses' Association, Inc.  
Mail form to: PO. Box 26674, Albuquerque, NM 87125**

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

CHECK # \_\_\_\_\_ DATE \_\_\_\_\_ Amount Paid \_\_\_\_\_

MEMBERSHIP CARD SENT \_\_\_\_\_ Renewal Letter Sent: \_\_\_\_\_