**BRANCH/AFFILIATE MEMBERSHIP APPLICATION**

**PERSONAL INFORMATION**

Female \_\_\_\_ Male \_\_\_\_\_ Nonbinary/other \_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/state/zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/university \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ Highest degree earned \_\_\_\_\_\_\_\_\_\_\_

Year \_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth (MM/DD/YY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Hispanic \_\_\_ White \_\_\_ American Indian/Alaska Native \_\_\_

Black/African American \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_ Asian \_\_\_\_ Other\_\_\_\_

**ELIGIBILITY**

I am a graduate holding an associate or equivalent (RN), baccalaureate, or higher degree from a qualified educational institution.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP TYPE**

\_\_\_\_ Regular membership

\_\_\_\_ Graduate student

\_\_\_\_ Undergraduate student

|  |  |  |  |
| --- | --- | --- | --- |
| **Branch Membership Fees** | **Join Date** | **Membership** | **National/State/Branch Fees** |
| Full Year | March 16–Dec. 31 | July 1-June 30 | $49 + $13 + $21 = $83 |
| Half-Year | Jan. 1-March 15 | Jan. 1-June 30 | $24.50 + $6.50 + $10.50 = $41.50 |

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| **Shape The Future Fees\*** | **Join Date** | **Membership** | **National/State/Branch Fees** |
| Full Year | March 16–Dec. 31 | July 1-June | $24.50 +13 + 10.5 = $48 |
| Half-Year | Jan. 1-March 15 | Jan. 1-June 30 | $12.25 + 6.50 + 5.25 = $24 |

To answer questions or for date of next meeting, contact Carol Foster, Membership Chair,
cdf722@verizon.net or 214-334-9538.