



National Federation of Licensed Practical Nurses, Inc.

605 Poole Drive, Garner, NC 27529 • 919/779-0046 • Fax: 919/779-5642 • www.nflpn.org

NATIONAL & STATE Association Membership Form

MAIL COMPLETED APPLICATION TO:
NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES
605 POOLE DRIVE
GARNER, NC 27529

MEMBERSHIP QUESTIONS?
919/779-0046 • 800/948-2511
EMAIL: jbeal@mgmt4u.com
9:00AM TO 5:00PM (EST)

Membership Type: Choose one of the following

- Active
- New Licensee
- Retired
- Military
- Student
- Affiliate
- International
- Individual (at large)

Full Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City/State/Zip: _____ E-mail: _____

Date of Birth: _____ PN License #/State: _____

Employment Setting: Choose one or more of the following

- Home Health
- Long Term Care
- Hospital
- Private Practice
- Full Time
- Part Time
- Military
- School
- Other

State Affiliation & Dues Amount: All states marked with a * do not have affiliate state associations within NFLPN. All NFLPN Members residing in the states marked with a * may affiliate with any State Association close to them or simply retain only NFLPN membership.

Alabama	Delaware *	Illinois	Maryland	Nebraska *	North Carolina	Rhode Island*	Washington*
Alaska *	District of *	Indiana*	Massachusetts*	Nevada *	North Dakota*	South Carolina	West
Arizona *	Columbia	Iowa	Michigan *	New	Ohio	Tennessee *	Virginia*
Arkansas *	Florida	Kansas	Minnesota*	Hampshire	Oklahoma	Texas *	Wisconsin
California *	Georgia *	Kentucky	Mississippi	New Jersey*	Oregon *	Utah *	Wyoming
Colorado	Hawaii *	Louisiana	Missouri *	New Mexico*	Pennsylvania*	Vermont *	
Connecticut*	Idaho *	Maine	Montana *	New York	Puerto Rico*	Virginia	

<u>Membership Type</u>	<u>State Affiliation</u>	
<input type="checkbox"/> Active Member (Per Capita) \$100.00	_____	Are you interested in a leadership position? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you interested in writing articles for the NFLPN? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Are you interested in earning your RN? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<input type="checkbox"/> Retired \$65.00	_____	
<input type="checkbox"/> Military \$70.00	_____	
<input type="checkbox"/> Student \$25.00	_____	
<input type="checkbox"/> Affiliate \$60.00	_____	
<input type="checkbox"/> International (outside USA) \$70.00	_____	
<input type="checkbox"/> Individual (at large) \$70.00	_____	

Method of Payment

- A. Money Order or Check
- B. Credit Card
- MCard
- Visa
- AMEX
- CSV: _____

Credit Card Number: _____ Exp Date: _____

Signature: _____ Date: _____

• Membership Cards will be mailed within 15 working days of receipt at NFLPN Central Office.

Central Office Use Only:

Form of Payment: _____ Amount Received: _____
 Date Received: _____ Date Processed: _____