



Virginia League for Nursing

Membership Application: For additional information: Contact the VLN website – see below.

Essential Information [please type/print all information]

Date: _____

Last Name/First Name/ MI

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number: Circle preference: Home/Work/Cell

City/State/Zip

Email address (work)

Email address (personal)

Professional Information

Employer

Current Employment Status: (ie: full-time nurse)

Type of Work Setting: (ie: hospital)

Current Position Title: (ie: staff nurse)

Practice Area: (ie: pediatrics)

Membership Fees/Payment

(Membership is on an Annual basis)

Membership Fees: Full Membership \$25 Retired \$15 Pre-Licensure Student \$10

- Fees may be paid with a check made payable to the Virginia League of Nursing, or using Credit or Debit Card via PayPal
- **With Initial Membership**, please mail Application (with check payment) to:
Virginia League for Nursing
P.O. Box 1136
Spotsylvania, VA 22553-1136
- Please mail another Membership Application to the above address for updated personal/professional information

www.virginialeaguefornursing.com

On behalf of the Virginia League for Nursing
Officers and Board Members,
THANK YOU for your membership!