

# Virginia League for Nursing



**Membership Application:** For additional information: Contact the VLN Membership Chairperson Sharon Newbery via email: [snewbery@reynolds.edu](mailto:snewbery@reynolds.edu)

**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](http://www.virginialeaguefornursing.com)

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