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|  Membership Application NDONL  |
|  |  |  |  |  |  |  |  | **Payment Information**An applicant may be admitted to membership at any time during the year upon paying dues. Annual dues ($125.00) cover a period of 12 months, January1 through December 31. |
| Prefix |  | First Name |  | Last Name |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Credentials |  | Title |  |  | [ ]  | Check or money order made payable to NDHA |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Organization |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Street Address |  |  | Credit card number |  |
| City |  |  | State | North Dakota | Zip Code |  |  | Expiration date  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
| Phone |  |  | Fax |  |  |  | Card holder signature |  |
|  |  |  |  |  |  |  |  |  |  |
| Email address |  |  | Street Address |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| [ ]  |  **MEMBER** |  |  |  |  | City |  | State |  |
| Membership for Registered Nurses (RN’s) who work in a health care environment.  |  |  |
| Zip Code |  |
|  |  |
|  |  |  |
|  |  | NDHAPO Box 73401622 E Interstate AveBismarck, ND 58507Contact Trisha Jungels attjungels@jrmcnd.comwith questions. |
|  |  |
| [ ]  | **HONORARY MEMBER** |  |  |  |  |  |  |  |
| Honorary Members are individuals who were in good standing at the time of retirement. (No Dues) |  |
|  |  |  |  |  |  |  |  |  |
| **Signature** |  |  |  |  |