



New Jersey Association of Public Health Nurse Administrators, Inc

Membership Application 2016

Name _____

Home Address _____
(Including City and State)

Home Phone _____

Cell phone _____

Employer _____

Address (include City) _____ (County) _____

Phone _____ Fax: _____

Email _____

Degrees Held _____ Certifications _____

Member of NJSNA? Yes _____ No _____ Other Organizations? _____

DUES: Active Member \$75 Associate Member \$35. (retired) ** check payable to: NJAPHNA

Status: Active _____ Associate _____ Amount Enclosed _____ Will you serve on a committee? Choose below.

_____ Continuing Education/Best Practices _____ Membership _____ Emergency Preparedness

_____ Communicable Disease _____ Chronic Disease _____ Nominations _____ Website

_____ Practice Standards _____ Maternal-Child Health _____ Bylaws

Send application and payment to: **Jane Scarfo** 31 Ivanhoe Lane, Clifton NJ 07013