



# New Jersey Association of Public Health Nurse Administrators, Inc

## Membership Application 2017

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