

**National Alaska Native American Indian Nurses Association (NANAINA)**

CAPT Audrey M. Koertvelyessy, NANAINA Treasurer

11911 Parklawn Drive, #101, Rockville, MD 20852

**Membership Application**

*Please Print*

Name: \_\_\_\_\_ ☐ New ☐ Renewal

                    Last                                      First                                      MI

Credentials or Titles Used: \_\_\_\_\_

Tribal Affiliation:    Yes            No            Tribe: \_\_\_\_\_

**MEMBERSHIP INFORMATION**

*Check appropriate one(s)*

☐ RN                      ☐ Allied Health Profession  
☐ LPN/LVN            ☐ Other: \_\_\_\_\_

*Check appropriate one(s)*

☐ Active                ☐ Retired                ☐ Student

**HOME ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_[\_\_\_\_\_] \_\_\_\_\_

Area Code            Telephone Number

E-mail: \_\_\_\_\_

**BUSINESS ADDRESS**

Title/Position \_\_\_\_\_

Agency/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_[\_\_\_\_\_] \_\_\_\_\_

Area Code            Telephone Number

Preferred Mailing: ☐ Home            ☐ Business

**EDUCATIONAL INFORMATION**

Degree Year                                      Degree Year  
☐ Diploma                      ☐ Masters  
☐ Associate                      ☐ Doctorate  
☐ Bachelors

Nursing School/Undergraduate

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduate: Institution

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctorate: Institution

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COMMITTEE(S)**

*I am willing to participate in the following committee:*

☐ Membership    ☐ Health Policy/Legislation  
☐ Program            ☐ Public Relations  
☐ Finance            ☐ Other: \_\_\_\_\_  
☐ Bylaws/Policy

*Are you interested in a professional move?*

☐ Yes    ☐ No    ☐ Maybe

**ANNUAL MEMBERSHIP FEES**

☐ FULL----- \$50.00  
☐ LIFETIME MEMBER----- \$750.00  
                    Recruited By: \_\_\_\_\_  
☐ ASSOCIATE ----- \$20.00  
☐ STUDENT ----- \$10.00  
☐ AFFILIATE----- \$50.00

*Send check or money order, no cash, payable to:*

**NANAINA**

**CAPT Audrey M. Koertvelyessy, NANAINA Treasurer**

**11911 Parklawn Drive, #101**

**Rockville, MD 20852**

Office Information

Date rec'd: \_\_\_\_\_

Check No.: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (May Duplicate Form)