LibNA Membership Application

10390 Grouse St. NW
Coon Rapids, MN 55433

CONTACT INFORMATION:

First name:_____MI:_____Last name: _____
Home phone:_____Work phone:_____Ext._____Mobile:_____
Home email:_____Work email: _____
Primary email (*please check one*): ☐ Home ☐ Work
Communications from LIBNA are primarily electronic. Contact us to discuss email preferences or to learn how to add us to your safe-sender list.

HOME ADDRESS:

Address 1: _____
Address2: _____
City, State, Zip: _____
Country: _____
Primary address to which you'd like to receive mail:

COMPANY NAME:

Address 1:_____
Address 2:_____
City, State, Zip:_____
Country:
☐ Home ☐ Work

This is where we will send membership card and LibNA Decal as well as other important information.

TELL US ABOUT YOURSELF:

Gender: ☐ Male ☐ Female Birthday:_____/_____/_____

Job title:_____Credentials:_____Are you an: ☐ RN ☐ LPN/LVN

Degree earned (ADN/BSN/MSN/NP/DNP, etc): _____

Name of Educational Institution (Student Nurse Only): _____

Functional role (*please check one*):

- ☐ Administrator
- ☐ ADON
- ☐ Clinical Consultant
- ☐ Corporate Clinical Director
- ☐ DON
- ☐ Health Information Specialist
- ☐ LTC Service Provider/Vendor
- ☐ Nurse Assessment Coordinator/MDS Coordinator
- ☐ Nurse Consultant
- ☐ RN Manager
- ☐ RN Supervisor
- ☐ Rehabilitation Nurse
- ☐ Public Health / Community Health
- ☐ Therapist Staff Nurse
- ☐ Other MDS/RAI Professional
- ☐ Nurse Executive
- ☐ Other

How did you hear about LIBNA?
If referred by someone, please include their name:

MEMBERSHIP DUES:

Please remit payment with this application, as applications sent without payment will not be processed.

Membership Type	Price	Duration	Select one
RN			
LPN/LVN			
Retired Nurse (RN/LPN/LVN)			
Associated Member			
Student Nurse			
Corporate Member			

Payment Information:

Card Type: ☐ Visa ☐ MC ☐ AMEX ☐ PayPal ☐ Check enclosed

Name on card: _____
Card Number: _____
Exp. date: _____ CVV: _____

Individual membership are non-transferable. In the event of a cancellation, notice must be received within 30 days of joining.

Thank you! We look forward to having you as a member of LibNA

Website: www.libna.org **ph** (612)4181612 / (763)400-1326 **fax** (763)592-8018
Email: libna@libna.org