



PNASC  
P.O. Box 872  
Patchogue, NY 11772  
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631-758-5362  
(web) [pnascrn.org](http://pnascrn.org)

**Who Can Join?**

- \* Licensed RN's living and/or working in Suffolk County
- \* Students living and/or studying for RN license in Suffolk County (Student Associates)

**CARING TODAY FOR A HEALTHIER TOMORROW**

**PNASC Membership Application**

**Annual Dues**

\_\_\_\_\_ \$50 Registered Nurse

\_\_\_\_\_ \$20 Generic Nursing Student

Name: \_\_\_\_\_

Professional Title/Credentials: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail \_\_\_\_\_ RN License # \_\_\_\_\_

**For Students:**

School of Nursing: \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**Please mark your interest in a Committee:**

- |                                  |                                      |   |                                      |
|----------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Awards  | <input type="checkbox"/> Bylaws      | <input type="checkbox"/> Communications | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Legislative | <input type="checkbox"/> Membership     | <input type="checkbox"/> Scholarship |

Please complete the application, including your email, (which will only be used for PNASC business), and send with your check or money order payable to PNASC to:

**PNASC, P.O. Box 872, Patchogue, NY 11772**

**THANK YOU for your membership!!**