



# New York State ID/DD Nurses Association, Inc.

## Membership Application/Renewal Form

New Members - Complete all information. Renewing Members - Complete only name and changes.

**Note: The Membership Year is April 1-March 31**

Check all that apply:

New Member (full membership)  Renewing Member  Associate Member\*

Name \_\_\_\_\_

RN  LPN  RN Student  LPN Student  Transfer (requesting transfer from zone \_\_\_\_ to zone \_\_\_\_)

Do you hold CDDN?  yes  no

Nurse License Number \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Work Site/Agency Name \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ County \_\_\_\_\_

Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

School Attending (associate member only) \_\_\_\_\_

**SEND ALL MAILINGS TO:  HOME  WORK**

**ANNUAL MEMBERSHIP FEE (Membership Year is April 1-March 31):**

**Full Membership \$50 Associate Membership\* \$30**

\* Associate members are full time nursing students or inactive nurses (retired or unemployed), and are non-voting members.

Make check/money order payable to NYS ID/DD Nurses Association, Inc.

Mail application and payment to

PO Box 25832

Rochester, New York 14625

**Questions? Email [information@nysiddna.org](mailto:information@nysiddna.org)**