



New York State ID/DD Nurses Association, Inc.

Membership Application/Renewal Form

Membership Year: April 1-March 31

NEW MEMBERS: Complete all information. **RENEWING MEMBERS:** Complete only name and changes.

Annual Membership Fee: Full Membership \$50 | Associate Membership \$30

New Member (Full Membership) Renewing Member (Full Membership) Associate Member*

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

Name: _____ Date: _____

RN LPN RN Student LPN Student Transfer (Requesting transfer from
Zone _____ to Zone _____)

Nurse License Number: _____ Do you hold CDDN? Yes No

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): _____

I would like to receive mailings and other information at my:

HOME ADDRESS WORK ADDRESS

Send email messages to my:

Personal Email Work Email

Paying Your Membership Dues: *You can pay by check or by PayPal.*

- *By Check (agency or personal):* Make checks payable to the NYS ID/DD Nurses Association, Inc. When mailing your check, please include your membership application.
- *By PayPal:* Click on the "Join NYSIDDDNA" tab on our website (www.nysiddna.org). The link to pay by PayPal is in the blue "Join NYSIDDDNA Today!" box in the right column. You must also complete this membership application and send it to the NYSIDDDNA Planning Manager by email (information@nysiddna.org) or mail.

Sending in Your Membership Application and Payment: *Please note on your application if you are paying by PayPal.*

- *By Mail:* Send to NYSIDDDNA, PO Box 25832, Rochester, NY 14625. Include your check and this application form.
- *By Email:* Send your membership application to information@nysiddna.org.

FOR OFFICE USE ONLY: DATE RECEIVED: _____ LETTER MAILED: _____

MEMBERSHIP #: _____ ZONE #: _____ PAYMENT: Personal Check Agency Check PayPal REV. 3/9/22