**New Jersey Association of Public Health Nurse Administrators, Inc**



Membership Application 2017

**Name**

**Home Address**

**(Including City and State)**

**Home Phone Cell phone**

Employer\_

Address (include City) (County)

Phone\_ \_Fax:\_

Email\_

Degrees Held

\_Certifications

Member of NJSNA? Yes\_ No Other Organizations?

**DUES: Active Member $75 Associate Member $35.** (retired) \*\* check payable to: NJAPHNA

Status: Active\_ Associate\_ Amount Enclosed Will you serve on a committee? Choose below.

Continuing Education/Best Practices \_Membership Emergency Preparedness

Communicable Disease

\_Chronic Disease \_Nominations Website

Practice Standards Maternal-Child Health

\_Bylaws

Send application and payment to: Jane Scarfo 31 Ivanhoe Lane, Clifton NJ 07013