



## JAMAICA NURSES GROUP OF NEW YORK APPLICATION FOR MEMBERSHIP

P.O. Box 250802, 315 Empire Boulevard  
Brooklyn, NY 11225

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Occupation** (Please select):

RN \_\_\_\_\_ LPN \_\_\_\_\_ STUDENT \_\_\_\_\_

**Place of Employment** (Please select):

Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Home Care \_\_\_\_\_ Private \_\_\_\_\_

Self- employed \_\_\_\_\_ Retired \_\_\_\_\_

### **Dues**

Initial Registration

RN----- \$50. 00  
LPN ----- \$35. 00  
STUDENT \$20. 00

Annual Dues:

RN----- \$50.00  
LPN----- \$50.00  
STUDENT \$35.00

**JNG Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_