



THE JAMAICA NURSES GROUP OF NY, INC.

APPLICATION FOR MEMBERSHIP

P.O. Box 340078, Brooklyn, NY 11234

www.jamaicanursesgroup.com

Send to JNGNY1962@gmail.com

Demographics		
Name: (First Last)		
Street Address:		
City, State, Zip		
Telephone:	Home	Cell
Email		

Occupation (Please select)		
<input type="radio"/> LPN	<input type="radio"/> RN	<input type="radio"/> STUDENT

Occupational Setting (Please Select)		
<input type="radio"/> Home Care	<input type="radio"/> Hospital	<input type="radio"/> Nursing Home/LTC
<input type="radio"/> Private	<input type="radio"/> Retired	<input type="radio"/> Self-Employed

Dues		
Occupation	Initial Registration	Annual Dues
LPN	\$40	\$50
RN	\$60	\$60
STUDENT	\$20	\$35

Print Name	Signature	Date

Caring at home and abroad