



The Greater New York Korean Nurses Association

255-17 Northern Blvd. Suite B3, aLittle Neck, NY 11363

www.nykna.org, (917) 414-1805

Membership Application

Name:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 40%; border: none;">_____</td> </tr> <tr> <td style="border: none;">First</td> <td style="border: none;">Last</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Maiden Name (결혼전 성)</td> <td style="border: none;">한국 이름</td> </tr> </table>			_____	_____	First	Last	_____	_____	Maiden Name (결혼전 성)	한국 이름
_____	_____										
First	Last										
_____	_____										
Maiden Name (결혼전 성)	한국 이름										
Address:	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">_____</td> <td style="width: 30%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Street</td> <td style="border: none;">APT #</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State Zip Code</td> </tr> </table>			_____	_____	Street	APT #	_____	_____	City	State Zip Code
_____	_____										
Street	APT #										
_____	_____										
City	State Zip Code										
() Check if new Address											
Cell Phone: () _____	Other Phone(Home/Office): () _____										
E-mail: _____											
School of Nursing:	_____	Year of Graduation: _____									
Credentials: _____		Specialty: _____									
Present Employer:	_____										
Donation: \$50 (), \$100 (), \$250 (), \$500 (), Other amount: \$ ()											
Membership Fee: \$50/year (), Student \$20/year ()			Renewal (), New ()								
<p><i>Make check payable to: The Greater New York Korean Nurses Association,</i> <i>Mail to: 255-17 Northern Blvd. Suite B3, aLittle Neck, NY 11363</i> <i>NYKNA is non-profit organization and your contribution is fully tax deductible.</i></p>											

Signature: _____ Date: _____