



The Greater New York Korean Nurses Association
 255-17 Northern Blvd. Suite B3, Little Neck, NY 11363
 www.nykna.org, (516) 220-9700

Membership Application

Name:	<hr/> <div style="display: flex; justify-content: space-between;"> First Last </div> <hr/> <div style="display: flex; justify-content: space-between;"> Maiden Name (결혼전 성) 한국이름 </div>		
Address: () Check if new address.	<hr/> <div style="display: flex; justify-content: space-between;"> Street APT # </div> <hr/> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>		
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 (), Life time \$400 ()		Renew (), New ()

**Make check payable to: The Greater New York Korean Nurses Association,
 Mail to: 255-17 Northern Blvd. Suite B3, aLittle Neck, NY 11363
 NYKNA is non-profit organization and your contribution is fully tax deductible.**

Signature

Date