



The Greater New York Korean Nurses Association
 26-29 210 street, Bayside, NY 11360
 www.nykna.org, (845) 380-9798

Membership Application

| | | | |
|--|--|--|--------------------|
| Name: | _____ First Last | | |
| | _____ Maiden Name (결혼전 성) 한국이름 | | |
| Address: () Check if new address. | _____ Street APT # | | |
| | _____ City State Zip Code | | |
| 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: 26-29 210 street, Bayside, NY 11360
 NYKNA is non-profit organization and your contribution is fully tax deductible.**

_____ Signature

_____ Date