



Massachusetts Association of Public Health Nurses

Membership Application

Per Article III Sections 1 and 2 of the MAPHN By-Laws, Regular Membership is defined as any current or formerly employed public health nurse. Associate Membership is available to individuals who desire to join and support the Association but do not meet the requirements of regular membership. Associate members may not vote or serve on the Board of Directors.

2011-12 dues for Regular and Associate Members are **\$50.00 per year**.

Membership year runs July 1- June 30. **This membership will be active through June 30, 2012.**

Name: _____ Credentials: _____

Job Title: _____ Agency: _____

Home Address: _____

Work Address: _____

Chapter: _____

Please indicate whether you want to receive mailings at home or at work: H ___ W ___

Phone: Work _____ Home _____

Fax: _____ Email: _____

Membership Category: Regular _____ New _____ Renewal _____
Associate _____ New _____ Renewal _____

Committee Interest- Please check one

- | | |
|--|--|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Nominations and Elections |
| <input type="checkbox"/> Conference Planning | <input type="checkbox"/> Visibility |
| <input type="checkbox"/> Education & Practice | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Financial Development | |

PLEASE JOIN A COMMITTEE TODAY! For further information about committee participation, contact Leila Mercer, lmercer@natickma.org

Make dues checks payable to **MAPHN** and mail to:

MAPHN, c/o Leila Mercer, Natick Health Dept., 13 E. Central St., Natick MA 01760