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[WWW.RISNARN.ORG](http://WWW.RISNARN.ORG)  
[membership@risnarn.org](mailto:membership@risnarn.org)

**RISNA MEMBERSHIP ONLY**

Date: \_\_\_\_\_

_____	_____	_____
Last Name/First Name/Middle Initial	Credentials	License # State
_____	_____	_____
Home Address	Home Phone Number	Home Fax Number
_____	_____	_____
City/State Zip Code	Home Email Address	
_____	_____	
Employer	Alternate Email Address	
_____	_____	
Title/Practice Setting/Specialty	Work Phone	
_____	_____	

**RISNA Membership Benefits**

- ♦ Discounted rate on ALL RISNA Continuing Education Programs
- ♦ RISNA newsletter
- ♦ Direct mailings and/ or emails on RISNA events/programs/activities
- ♦ First hand and accurate information on laws/rules and information pertinent to your profession

Dues for RISNA member only \$150.00 annually (make check payable to RI State Nurses Assoc)

Enclosed is also a donation for \_\_\$5.00 \_\_\$10.00 \$\_\_\_\_\_ to the RISNA-PAC to secure Nursings/RISNA's active participation in RI's political arena. **\*\*\*PLEASE NOTE ALL DONATIONS TO RISNA/PAC MUST BE ON A SEPARATE CHECK\*\*\***

**American Express/Discover  
 Mastercard/Visa**

\_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 Digit Code (from back of card – required) \_\_\_\_\_ Signature \_\_\_\_\_

Do you want to be on the (please check) \_\_\_\_\_ NP list serve? \_\_\_\_\_ PCNS list serve?

- ❖ Are you interested in serving on a committee? \_\_\_yes \_\_\_no
- ❖ Would you like to have a member of the nominating committee contact you to determine your area of interest of running for an elective seat on a committee? \_\_\_yes \_\_\_no
- as an elected leader? \_\_\_yes \_\_\_no

Preferred way of contact:  
 email \_\_\_\_\_ OR phone number \_\_\_\_\_ (complete if different from above)  
**(This membership option entitles you to all the benefits of RI State Nurses Association only. It does not; however, entitle you to the benefits of ANA)**