



NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN)
 Promoting Hispanic Nurses to Improve the Health of Our Communities
Corporate Membership Application and Change of Information Form

This Application is for a: New Membership Membership Renewal Changes/Updates to membership (no payment needed))

CORPORATE Membership Benefits

1. Your organization's name will be listed as a Corporate/Partner on the NAHN website, with a link to your website.
2. Your organization and your logo will be featured in an article at the NAHN quarterly newsletter, NAHN at a Glance, in the next issue after joining.
3. You will receive five full one-year-memberships for your staff
4. You will receive regular membership e-mails with all NAHN activities
5. You will be able to offer our members a recorded one-hour educational session webinar on a subject of your choice. The recording will remain on the NAHN website for one year.
6. You will benefit from the member discounted registration fee at our Annual Conference.

NOTE: Full /Two-year, Associate and Retired are the only categories with voting privileges.

MEMBERSHIP DUES: \$5,000.

ORGANIZATION NAME: _____

Address of Organization to list on website and newsletter: _____

Website address _____

Information of Organization's Official Representative/Contact:

First _____ Middle _____ Last _____

Credentials (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

METHOD OF PAYMENT

Visa MasterCard American Express Check or Money Order made payable to NAHN

Card No.: _____ Expiration Date: _____

CVC #: _____ (AX 4 digits front of card & MC/ Visa 3 digits back of card)

Cardholder's Name: _____

Address affiliated to card if different from above:

Signature: _____

AMOUNT ENCLOSED

Membership Dues	\$5,000
Annual Fund Contribution:	\$ _____
Scholarship Fund Contribution:	\$ _____
Other Donation/contribution	\$ _____
Total Enclosed:	\$ _____

Please sign and return this form along with any other required documentation and your remittance.

All membership applications must be signed below to comply with postal regulations.

Name of person completing form: _____

Signature: _____ Date: _____

Thanks so much for your support of NAHN!

Updated 8/3/11