



Nigerian Nurses Association of Delaware Membership Registration Form

Member's Name: _____
Last First M.I

Professional Title: _____ Specialty: _____

Credentials (Dip./Assoc. / BSN/MSN/ DNP, etc.): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: _____ Birthday _____

- New Member
- Current Member
- Nursing Student (Membership due waived while actively in School / Registration fee \$25)

Membership Due: \$100.00 to be paid annually to the Nigerian Nurses Association of Delaware

Condition of Membership

I accept the membership of the Nigerian Nurses Association of Delaware, and I understand that membership is voluntary and limited to licensed Nurses and Nursing students (without prior license) only. I recognize the importance of the association in relation to the profession to serve our community and our country. I understand that active membership is based on good financial standing and service. I promise to support the association in a capacity possible to promote growth among the members and services to the community.

Signature: _____ Date: _____