

EMERGENCY NURSES ASSOCIATION

COLORADO STATE COUNCIL

**Conference Scholarship Application**

MEMBERSHIP IN COLORADO ENA MUST BE PAID THRU THE DATE OF CONFERENCE COMPLETION.

|  |  |
| --- | --- |
| NAME: |  |
| ENA # |  |
| Expiration Date |  |
| Verified\****Board member only*** |  |
| Full Address |  |
| Phone # |  |
| EMAIL |  |
| DATE:  |  |

For Treasurer use only:

CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE PROCESSED\_\_\_\_\_\_\_\_\_\_\_

RETURN THIS FORM TO:

CO ENA Secretary by

June 1, 2020

**Secretary@ColoradoENA.org**