



MEMBERSHIP FEES ARE DUE EACH FALL

Membership fee is not reduced when you join at midyear.
Membership fees must accompany conference registration fees.
Membership and conference fees may be combined in one check.

Please complete the following form and return it with your membership fee to:

CVNE
PO Box 730894
San Jose, CA 95173
Tammy Ortiz Email Address - tlbortiz@yahoo.com

Membership Type

- _____ \$50.00 Persons shall be eligible for active membership if they are educators who are involved in vocational nursing education. They must possess a current nursing license in the state of California. Active members are entitled to all rights and privileges of the organization.
- _____ \$30.00 Persons shall be eligible as merited members if they are former active members of CVNE who are retired from VN education. Merited members shall be entitled to all rights and privileges of the organization.
- _____ \$50.00 Associate Persons whose job or interest may or may not be directly related to nursing education and do not qualify as an active member (no voting privileges).
- _____ \$ 0 Honorary Life Members are persons who have provided outstanding service to CVNE and have been designated as Honorary Life Members by the CVNE Executive Board. Honorary Life Members shall be entitled to all rights and privileges of the organization.

New Member _____ Member Renewal _____

Personal Information (Thank you for writing legibly)

Last Name: _____ First Name: _____

Home Street Address: _____

City: _____ State _____ Zip _____

Phone number _____

Home E-mail: _____

Nursing License: RN/ LVN License Number: _____ State: _____

Work Information

School Name: _____

Work E-mail: _____

Unless otherwise stated, all information will be used in the Member Directory. Please indicate here if you do not wish your personal contact information to be included in the Member Directory;

“No _____, Please do not use my personal contact information in the Member Directory”

Signature

Date