

MEMBERSHIP FEES ARE DUE EACH FALL

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

Please make your check payable to CVNE. Mail completed form, your registration and/or membership fee to:

CVNE
PO Box 1086
Madera, CA 93639



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 CA. 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
nursing | Associate persons whose job or interest may or may not be directly related to education and do not qualify as an active member (no voting privileges). |
| _____ | \$0
CVNE | Honorary Life Members are persons who have provided outstanding service to 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 _____ **Renewal** _____
(For Treasurer cc: _____ check: # _____ cash: _____)

Personal Information (please print legibly)

Last Name: _____ First Name: _____

Home Street Address: _____

City: _____ State _____ Zip _____

Phone Number _____ Home Email: _____

RN LVN License Number: _____ State: _____

Work Information

School Name: _____

Work Email: _____

Personal email will be used to communicate with members and vendors. Please indicate here if you do not wish to receive emails from CVNE or if you don't want your email shared with members or vendors. YES NO

Signature

Date