



MEMBERSHIP FEE IS DUE IN THE FALL

Membership fee ***is not reduced*** when you join midyear. Membership fee must accompany the conference registration fee. Membership and conference fees may be combined in one check. Please make your check payable to CVNE. Mail the completed form, your registration, and/or membership fee to:

CVNE
PO Box 704
Imperial, CA 92251

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. |
| _____ | \$25.00 | 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 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)

First Name: _____ Last Name: _____

Home Street Address: _____

City: _____ State _____ Zip _____

Phone Number _____ Home Email: _____

Work Information

School Name: _____

Work Email: _____

*Personal/work 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 of vendors.

YES please share _____ **OR** NO please do not share _____

Signature _____

