

ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING
APPLICATION FOR MEMBERSHIP

Name: _____ Credentials: _____

Title: _____

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Membership Options (Please select one):

Annual Dues

- \$400.00 - Official State Representative/Designee
- \$100.00 - Contributing Member (Additional fee above your chosen category)
- \$75.00 - Local, State, or Federal Governmental Public Health Nursing Leadership
- \$75.00 – Alumni
- \$50.00 – Retired Alumni
- \$75.00 – Associate
- \$25.00 – Student

Make check payable to **ASTDN**

Treasurer, Tom Engle
971-673-1222 or (thomas.r.engle@state.or.us)

Mail to:

Association of State & Territorial Directors of Nursing
c/o Janet DeVeny-Edwards, ASTDN Assistant
PO Box 7440
Oklahoma City, OK 73153

Questions About ASTDN Membership:

Please contact Bobbie Bagley at
(mombagley@gmail.com) or 603-661-3348