

ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING
APPLICATION FOR MEMBERSHIP

Name: _____

Title: _____

Organization/Agency Affiliation: _____

Mailing Address: _____

City: _____

State: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Membership Options (Please select one):

Annual Dues

- Voting Membership \$300.00
- Alumni Membership \$ 35.00
- Associate Membership \$ 35.00

ASTDN Federal Employer Identification Number: 31-1704813

Make check payable to **ASTDN**

Mail to:

ASTDN Membership Application
c/o Diana Pistole
ASTDN Treasurer
2231 Crystal Drive, Suite 450
Arlington, VA 22202

Questions About ASTDN Membership:
Please contact Barbara Hickok at
(barbara.hickok@state.nm.us) or 505-841-6890