

ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING
APPLICATION FOR MEMBERSHIP

Name: _____ Credentials: _____

Title: _____

Organization/Agency Affiliation: _____

Mailing Address: _____

City: _____

State: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____

Membership Options (Please select one):

Annual Dues

- \$400.00 - Official State Representative/Designee
- \$500.00 - Contributing Member
- \$75.00 - Local, State, or Federal Governmental Public Health Nursing Leadership
- \$75.00 – Alumni
- \$75.00 – Associate
- \$25.00 – Student

ASTDN Federal Employer Identification Number: 31-1704813

Make check payable to **ASTDN**

Treasurer, Rhonda Richtsmeier
(907) 465-3150
Rhonda.Richtsmeier@alaska.gov

Mail to:

**Oklahoma State Department of Health
c/o Janet DeVeny-Edwards, ASTDN Assistant
1000 NE 10th Street
Oklahoma City, OK 73117-1299**

Questions About ASTDN Membership:

Please contact Glynnis LaRosa at

(glynnis.larosa@state.ma.us) or (617) 983-6569