

# Michigan League for Nursing



## ***Membership Application***

**I would like to renew/join MLN**

2011-2012 Dues **\$50.00**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

RN \_\_\_\_\_ LPN \_\_\_\_\_

Dues: \$50.00

Scholarship Fund Donation: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Check \_\_\_\_\_

Credit Card:

Visa\_\_ MC\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Return Application to:**

**Michigan League for Nursing - 2410 Woodlake Drive - Okemos, MI 48864**

**TX: (517) 347-8091 Fax: (517) 347-4096**

**[www.michleaguenursing.org](http://www.michleaguenursing.org)**