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| Membership Application  NDONL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | |  | |  | | |  | | |  | |  |  | **Payment Information**  An applicant may be admitted to membership at any time during the year upon paying dues. Annual dues ($125.00) cover a period of 12 months, January1 through December 31. | | | | | | | | | | | |
| Prefix | | | |  | | | | | First Name | | |  | | | | | | Last Name | |  | | | |  |  |
|  | | | | | | |  | | | |  | | |  | |  | | |  | | |  | |  |  |  | | | | | | | | | | | |
| Credentials | | | | | | |  | | | | | | | | | Title |  | | | | | | |  |  | Check or money order made payable to NDHA | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | |  | |  | | |  | | |  | |  |  |  | | |  | | |  | | |  |  | |
| Organization | | | | | | |  | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | |
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| Street Address | | | | | | | | |  | | | | | | | | | | | | | | |  | Credit card number | | | | | | | |  | | | | |
| City |  | | | | | | | | | | | | |  | State | North Dakota | | | | | Zip Code | |  |  | Expiration date | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |  | | | |  | | |  | |  | | |  | | |  | |  |  | | | | | | | |  | | | | |
| Phone | | | | |  | | | | | | | | |  | Fax |  | | | | | |  | |  | Card holder signature | | | | | | | | |  | | | |
|  | | | | | | |  | | | |  | | |  | |  | | |  | | |  | |  |  | | | | | | | |  | | | | |
| Email address | | | | | | | |  | | | | | | | | | | | | | | | |  | Street Address | | | | |  | | | | | | | |
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|  | | **MEMBER** | | | | | | | |  | | | | | | | | |  | | |  | |  | City | |  | | | | | | | | | State |  |
| Membership for Registered Nurses (RN’s) who work in a health care environment. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |
| Zip Code | | |  | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | NDHA  PO Box 7340  1622 E Interstate Ave  Bismarck, ND 58507  Contact Trisha Jungels at  [tjungels@jrmcnd.com](mailto:tjungels@jrmcnd.com)  with questions. | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | **HONORARY MEMBER** | | | | | | | | | |  |  | |  | | |  | | |  | |  |  | |
| Honorary Members are individuals who were in good standing at the time of retirement. (No Dues) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | |  | | | | | | |  |  | |  | | |  | | |  | |  |  | |
| **Signature** | | | | | |  | | | | | | | | | | | | | | | |  | |  |  | |