

WLN MEMBERSHIP FORM

WISCONSIN LEAGUE FOR NURSING, INC.
A Constituent of the NLN

P. O. Box 136
Long Lake, WI 54542-0136
Tel: 888 755 3329 (& Fax)
www.wisconsinwln.org
wln@wisconsinwln.org

PERSONAL INFORMATION:

Name & Degrees: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Email address: (Print clearly): _____

Employer: _____ Position: _____

NOTE: To print out the complete membership brochure, also see this website.

_____	New Individual Membership - \$65.00	
_____	Renewal of Individual Membership - \$65.00	NLN Memberships
_____	Retired Individual Membership - \$50.00	(See Note Below)
_____	Full Time Student Membership - \$35.00	

Please mail completed form and appropriate membership fee to:

Wisconsin League for Nursing, Inc.
P. O. Box 136
Long Lake, WI 54542-0136

NOTE: New Address
Make checks payable to: WLN
Wisconsin League for Nursing

Your benefits and services will begin upon receipt of payment. WLN dues are not deductible as a charitable contribution for Federal tax purposes but may be deducted as a business expense.

NOTE: All membership expiration dates will be September 30th of each year. New members' expiration date will also be September 30th of the next full year.

NOTE: NLN Individual Memberships (\$110 per year) or NLN Education Agency Memberships (Schools of Nursing) do NOT include each state's Constituent League's Individual Memberships (WLN)

