

# MEMBERSHIP FEES ARE DUE EACH FALL

Membership fee *is not reduced* when you join midyear.  
Membership fee must accompany conference registration fee.  
Membership and conference fees may be combined in one check.

Please make your check payable to CVNE. Mail completed form, your registration and/or membership fee to:

CVNE  
PO Box 1166  
Madera, CA 93639



## Membership Type

- |       |         |   |
|-------|---------|---|
| _____ | \$50.00 | Persons shall be eligible for active membership if they are educators who are involved in vocational nursing education. They must possess a current nursing license in the state of CA. Active members are entitled to all rights and privileges of the organization. |
| _____ | \$30.00 | Persons shall be eligible as merited members if they are former active members of CVNE who are retired from VN education. Merited members shall be entitled to all rights and privileges of the organization.   |
| _____ | \$50.00 | Associate persons whose job or interest may or may not be directly related to nursing education and do not qualify as an active member (no voting privileges).  |
| _____ | \$0     | Honorary Life Members are persons who have provided outstanding service to CVNE and have been designated as Honorary Life Members by the CVNE Executive Board. Honorary Life Members shall be entitled to all rights and privileges of the organization.              |

**New Member** \_\_\_\_\_ **Renewal** \_\_\_\_\_  
(For Treasurer cc: \_\_\_\_\_ check: # \_\_\_\_\_ cash: \_\_\_\_\_)

## Personal Information (please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_ Home Email: \_\_\_\_\_

RN LVN License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Work Information

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

Work Email: \_\_\_\_\_

Personal email will be used to communicate with members and vendors. Please indicate here if you do not wish to receive emails from CVNE or if you don't want your email shared with members or vendors. YES NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date