Navy Nurse Corps Association
Membership Application

Paste Your Personal Address Label Here

❑Initial dues - $40.00
❑Renewal each May - $35.00
(includes biannual NNCA directory)
❑Reactivate lapsed membership – $35.00
(add $5.00 for a 2015-2017 NNCA directory)

Active member through

_____

Last Name	First	Middle	Maiden/Military

Mailing Address	City	State	Zip Code

Second Address	City	State	Zip Code	Months

Telephone	Cell Phone	Email	Birthdate (not for publication)

Status

❑Active Component From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

❑Reserve Component From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

❑Retired NC Officer

❑Former NC Officer

Current Rank or Rank at Retirement/Discharge _____

Volunteer Interest

National ❑Board ❑Committee ❑Other

May we publish the following information in the NNCA Directory:

Name: ❑Yes ❑No Address: ❑Yes ❑No Telephone: ❑Yes ❑No E-mail: ❑Yes ❑No

Communication Preferences

Directory ❑ Online ❑ Paper ***Newsletter*** ❑Online ❑Paper

Donations applied to

❑General Fund ❑Memorabilia Preservation ❑History In memory of _____

Membership Dues	_____	**Date**	_____
Donation Amount	_____	**Check Number**	_____
Total	_____	**Signature**	_____

Make check payable to NNCA, PO Box 3289, Newport, RI 02840 or
go to *NNCA.org* and click *Join or Renew Your Membership*