

# NURSING NETWORK ON VIOLENCE AGAINST WOMEN INTERNATIONAL

## NNVAWI MEMBERSHIP FORM – 2009

(Please list your name as you would like it to appear in the NNVAWI membership directory, including appropriate titles and academic credentials.)

NAME: \_\_\_\_\_ RN: Yes \_\_\_\_\_ No \_\_\_\_\_  
TITLE: \_\_\_\_\_ DEGREES(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
Daytime # \_\_\_\_\_  
Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NNVAWI Membership Dues: New Member: Yes \_\_\_\_\_ No \_\_\_\_\_  
Regular Yearly Membership - \$100 (\$115 Canadian/International)  
\*Student Yearly Membership - \$25 (\$35 Canadian/International)

\*(Student dues include retirees and special circumstances)

Please Check the Appropriate Line:

\_\_\_\_\_ Enclosed is \$100 (\$115 Canadian/International) to keep my membership current through December 31, 2009.  
\_\_\_\_\_ I am a STUDENT and enclosed is \$25 (\$35 Canadian/International) to keep my membership current through December 31, 2009.

Make Check Payable to: **NNVAWI**

Mail To: **NNVAWI**  
PMB 356  
2401 East Orangeburg Avenue, Suite 675  
Modesto CA 95355  
1-888-909-9993  
**www.nnvawi.org**

Please list briefly your area of interest and involvement in violence against women for entry into the NNVAWI Annual Membership Directory:

Are you interested in being listed with the NNVAWI Speaker's Bureau? Yes \_\_\_\_\_ No \_\_\_\_\_  
List in full (no abbreviations) other nursing organizations in which you actively participate?