

NCHASCN
National Coalition of Hospital Associated Schools and Colleges of
Nursing
Membership Dues for 2011

Amount Due: **\$300.00**

Make checks payable to: **NCHASCN**

Send to: Sandra Quinn
446 Bellevue Ave
Trenton, NJ 08618

***Asterisk information should be filled in only if a new member or changes have been made during the last year.**

Name: _____, *Dean / Director / Chairperson
(Please circle appropriate Title)

School: _____

* Street Address: _____

* City State Zip Code

* Telephone: (____) _____

* Fax Number: (____) _____

* E-mail Address: _____

* Internet Address: _____

_____ Renew Membership

_____ New Member