

NCHASCN

National Coalition of Hospital Associated Schools and Colleges of Nursing

Membership Dues for 2010

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: _____

* Address: _____
Street

City State Zip Code

*Telephone: (____) _____

*Fax Number: (____) _____

*E-mail Address: _____

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_____ Renew Membership

_____ New Member