

National Coalition of Hospital Associated Schools & Colleges of Nursing

Membership Application 2023

Due within 30 days of receipt

Amount Due: \$350.00

Send to: Rejeanne DuVall

Center for Education 2900 First Avenue

Huntington, WV 25702

Complete the follow	ving:
Name and Credenti	als:
	Dean / Director/ Chairperson (Circle appropriate Title
School:	
Address:	Street
	City, State, Zip Code
Telephone: ()
E-mail Address:	
Internet Address: _	
Renew	Membership
New M	1 ember