



**Serving the Great Physician**

Mail your application, along with your check for the dues, to Alabama WMU, P.O. Box 11870, Montgomery, AL 36111-0870.

Regular Membership: \$30      Student Nurses: \$15      Missionary Nurses: Free

<b>I am New Member</b>	<b>Renew My Membership</b>
Include your nurse registration number here:	Include your nurse registration number here:
I am a: <b>(check all that apply)</b>	I am a: <b>(check all that apply)</b>
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Student Nurse (dues are \$15)	<input type="checkbox"/> Student Nurse (dues are \$15)
<input type="checkbox"/> Retired Nurse	<input type="checkbox"/> Retired Nurse
<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Missionary Nurse (dues waived)	<input type="checkbox"/> Missionary Nurse (dues waived)
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

Name: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone# \_\_\_\_\_ Evening Phone# \_\_\_\_\_ Cell# \_\_\_\_\_  
(Include area code)

E-mail Address \_\_\_\_\_

Church Name/City \_\_\_\_\_

Specialty \_\_\_\_\_

Education Level     LPN/LVN     RN     BSN     MS/MSN     Doctorate

Alabama WMU use only: Check upon completion

Posted dues paid

Added into Constant Contact Data Base

One copy to the BNF Administrative Assistant & One Copy to the Alabama WMU BNF Staff Member

Informed closest BNF group \_\_\_\_\_.