



MoSALPN
P.O. Box 105542
Jefferson City, MO 65110

Regular Membership Application

Name: _____

Address: _____

City, State, ZIP: _____

(H) Phone: _____ (W) Phone: _____

Email: _____

Annual Fees

_____ Regular Membership (LPN) \$45.00

_____ Lifetime Membership \$500.00 -
(Entire amount to be paid within five (5) consecutive months.)

_____ Associated (Retired/Disabled 5yr member) \$20.00

_____ Sustaining Member (Non-LPN) \$20.00

_____ Legislative Fund \$5.00

I have enclosed my _____ Check _____ Money Order