

Missouri State Association of Licensed Practical Nurses, Inc.

P.O. Box 105542
Jefferson City, Missouri 65110-5542
(573) 636-5659
Email: mosalpn@centurylink.net www.mosalpn.org

Membership Application

You may also complete your new membership and renewals online at www.mosalpn.org.

New Renewal Student

Print Name: _____

Mailing Address: _____

City/State/Zip: _____ Home #: _____

Email: _____ Cell Phone #: _____

PN School (if applicable): _____

School Coordinator (if applicable): _____

PN Program start date: _____ Graduation date: _____

Are you interested in working on a committee for MoSALPN or taking an active role in leadership by serving on the Board of Directors?
YES / NO

Would you be interested in writing resourceful articles for our newsletter: YES / NO

Membership Type:

Regular (LPN) \$50.00

Associate (Disabled/Retired) \$20.00

Sustaining (Non LPN) \$20.00

Student (two year membership) \$25.00

Life Membership \$500.00 (entire amount to be paid within 5 months) Legislative Fund Donation

Method of Payment: Check Money Order MasterCard Visa

Credit Card Number: _____ Exp. Date: _____

Name on card: _____

Billing Address: _____ State: _____ Zip Code: _____

Authorized signature: _____ Print Name: _____

Return the completed form with payment to: MoSALPN – PO Box 105542 – Jefferson City, MO 65110 or for credit card payment only you may email it to: mosalpn@centurlink.net.