



Dear Student,

MoSALPN offers a 2 year membership for \$25.00 (1 year in school, and 1 year after graduation)

MoSALPN is the voice of the LPN for other health care groups, associations, and organizations

MoSALPN has a legislative consultant at the State Capitol who monitors legislation impacting nursing

MoSALPN welcomes you!

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

Student Membership Application

Name: _____

Address: _____

City, State, ZIP: _____

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

Email: _____

School in which you are enrolled: _____

Date Started: _____ Graduation Date: _____

Coordinator: _____

Signature of Applicant: _____

LPN Student Membership Fee: \$25.00 (two year membership)

I have enclosed my: _____ Check _____ Money Order