



**The Greater New York Korean Nurses Association**  
 223-32 56Ave Oakland Gardens NY 11364  
 www.nykna.org, (718) 662-8756

**Membership Application**

<b>Name:</b>	_____		
	First	Last	
	_____		
	Maiden Name (결혼전 성)	한국이름	
<b>Address:</b> ( ) Check if new address.	_____		
	Street	APT #	
	City	State	Zip Code
<b>Cell-Phone:</b>		<b>Other Phone (Home / Office)</b>	
<b>E-Mail</b>			
<b>School of Nursing</b>		<b>Year of Graduation</b>	
<b>Credentials</b>		<b>Specialty</b>	
<b>Present Employer</b>			
<b>Donation</b>	\$50 ( ), \$100 ( ), \$250 ( ), \$500 ( ), Other amount: \$ ( )		
<b>Membership Fee</b>	\$50/year ( ), Student \$20/year ( ), Life time \$400 ( )		Renew ( ), New ( )

**Make check payable to: The Greater New York Korean Nurses Association.**  
**Mail to: 223-32 56Ave Oakland Gardens NY 11364**  
**NYKNA is non-profit organization and your contribution is fully tax deductible.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**