



Novice → to → Expert
Nurses Nurturing Nurses

Referred by AMSN Member: _____
Last Name First Name

AMSN North Texas - Chapter # 205

P.O. BOX 515682, DALLAS, TEXAS 75251

Phone: 972-566-2808

**Local Chapter Membership Activation

**This is local chapter membership activation, only.
To be eligible for all membership privileges, you need to join **AMSN National**.
Visit www.MedSurgNurse.org, then select **Become a Member**.

NAME (print) _____, _____, _____
[LAST NAME] [FIRST NAME] [MIDDLE INITIAL]

POSITION TITLE (Circle Most Appropriate): RN LVN/LPN Nsg Student

YEARS as RN or LVN/LPN: _____
CLINICAL SPECIALTY or UNIT FOCUS: _____
Nursing Student @ _____

HOME ADDRESS: _____ APT # _____
CITY _____ STATE _____ ZIP CODE _____

BEST Contact Number _____ - _____ - _____
BEST Personal eMail _____

Healthcare Facility or Professional Business: _____

WORK PHONE _____ - _____ - _____ WORK eMail, www. _____

Chapter 205 - MEMBERSHIP OPTIONS:

- \$35 / 1 - yr \$50 / 2 - yr
- Nursing Student - \$15 Annually

- CHECKS PAYABLE TO..... **AMSN No.TX, Chapter 205**
- MAIL TO..... **P.O. BOX 515682, DALLAS, TEXAS 75251**

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Visit our website, NorthTexasMedSurgNurse.ORG