



Novice → to → Expert
Nurses Nurturing Nurses

Referred by NTAMSN 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. (You pay us by personal check.)

To receive all AMSN membership privileges you **must join AMSN National.**

☆ Visit www.MedSurgNurse.org, then select **Become a Member** and pay w/ credit card.

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

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

Are you a CMSRN? NO ____ YES ____
Are you certified through ANCC? NO ____ YES ____

Are you a nursing student? NO ____ *YES ____ (*I go to _____)
STATE NAME of NURSING SCHOOL

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

Cell # _____ - _____ - _____
BEST & CURRENT eMail (PRINT CLEARLY) www. _____

Healthcare Facility or Professional Business: _____

WORK PHONE _____ - _____ - _____ WORK eMail, [www.](http://www.amsn.org) _____

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

Visit our website, www.NorthTexasMedSurgNurse.ORG

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