

**Central  
Jersey  
Chapter**



**CJC-NGNA**

of the  
National Gerontological Nursing Association  
c/o Cathryn Vichko, RNC  
14 East Sixth Street  
Burlington, NJ 08016

Membership Application Form

Facility

Name

Credentials

Job Title/Position

Preferred Mailing Address

Day Time Telephone

Fax

E-mail address

**Membership Categories**

Active member\*\* .....\$ 25.00/year

\*\* Active members are those individuals who are also current members of the National Gerontological Nursing Association

Associate member.....\$ 25.00/year

Student Nurse.....\$ 20.00/year

Facility membership.....\$100.00/year for 5 facility staff members

( Please list one person as the main contact for this membership)

**I am a:**      New Member                  Renewing Member

**Make Check or Money Order payable to: CJC-NGNA**

Mail completed form along with your check or money order to:

**Cheryl Rahilly  
CJC-NGNA Membership  
Masonic Home of NJ ~ 902 Jacksonville Road ~ Burlington, NJ 08016**

**To be completed by Membership Committee**

<b>Date:</b>		<b>Bylaws Given:</b>	
<b>Amount Paid:</b>		<b>Membership Card:</b>	
<b>Cash:</b>		<b>Entered into Database</b>	
<b>Check:</b>			
<b>Money Order:</b>			