

**CERTIFIED NURSING ASSISTANT EDUCATOR'S ASSOCIATION**

**Membership Application**

**Name** \_\_\_\_\_

**Your Title:** \_\_\_\_\_

**Name of School/Program:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Office Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**CNAEA Region**      **Central**

**Submit this application with your \$20.00 annual membership dues made payable to CNAEA to:**

Cheryl Ballantyne  
Black Hawk College  
6600 34<sup>th</sup> Ave  
Moline, IL 61265

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