



# CERTIFIED NURSING ASSISTANT EDUCATORS ASSOCIATION Membership Application – Northern Region

PLEASE PRINT LEGIBLY

New \_\_\_\_\_ Renewal \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*NOTE: Use preferred email address. All CNAEA Correspondence will be sent to this email address.*

Name/Address of School/Program (optional): \_\_\_\_\_

Title/Position: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

### CNAEA MEMBERSHIP DIRECTORY CONSENT:

*All information provided in this form are private and for the sole access of CNAEA Officers for official CNAEA business.*

*If you wish to share your name and email address to other members for networking purposes please mark your consent below:*

**YES**, please include my name and email address in the publicly available CNAEA Membership Directory.

**NO**, do not include my name and email address in the publicly available CNAEA Membership Directory.

*Please send this completed form to:*

*Payment: \$20 Annual Membership Dues*

**Toni Oats**  
**P. O. Box 43272 Chicago IL 60643-0272**

Check enclosed (make check payable to CNAEA)

Quickpay/Zelle payment (send to: cnaea.north@gmail.com)

**OR email to: cnaea.north@gmail.com**

Paypal (send to cnaea.north@gmail.com)

Other: \_\_\_\_\_

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