

**CERTIFIED NURSING ASSISTANT EDUCATOR'S ASSOCIATION
Membership Application- Southern Region**

PLEASE PRINT New _____ Renewal _____

Name _____

**Home
Address:** _____

City/State/Zip: _____

**Home
Phone:** _____

**Email
address:** _____

**Name of School/Program
(Optional):** _____

**Your
Title:** _____

**Office
Phone:** _____

**Office
Fax:** _____

CNAEA Region: Southern

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

Ashley Mathaler

333 Potomac Blvd, Suite B

Mt. Vernon, IL 62864

Date received _____