



New Jersey Association of Directors of Nursing Administration
Long Term Care
NJADONA/LTC

Application for Retiree Membership

If you are a retired Director of Nursing in Long Term Care, you are eligible for complimentary membership in NJADONA/LTC. Please complete this application and return to: NJADONA/LTC, 195 Carriage Hill Circle, Mantua, NJ 08051-1161.
(Eligibility for this complimentary membership is solely the discretion of NJADONA/LTC)

NAME _____
(Please print or type clearly)

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

HOW LONG HAVE YOU BEEN A MEMBER OF NJADONA? _____

HOW LONG WERE YOU A DON? _____

DID YOU SERVE AS A STATE OFFICER OR CHAIR? _____ YES _____ NO

IF SO, DESCRIBE? _____

ARE YOU PERMANENTLY RETIRED? _____ YES _____ NO

ARE YOU EMPLOYED ELSEWHERE? _____ YES _____ NO

PLEASE EXPLAIN BRIEFLY WHY YOU WOULD LIKE THIS MEMBERSHIP: _____

Signature _____

Date _____