

DDNA

Developmental Disabilities
Nurses Association



MEMBERSHIP RENEWAL

Please enclose payment for the annual dues when submitting this renewal form.
Annual dues are \$80 for nurses, \$100 for associate members (non-nurses),
and \$40 for full-time nursing students with proof of full time student status.

Last Name _____ First Name _____ Member number _____

Home Address _____

City _____ State _____ Zip _____

Home Email Address _____

Employer _____ Title _____

Work Address _____

City _____ State _____ Zip _____

Work Email Address _____

Telephone Home () _____ Work () _____ Cell() _____

*Where would you prefer to receive email from DDNA? (circle one): Work Home Both

Where would you prefer to receive regular mail (USPS) from DDNA? (circle one): Work Home

Which is your preferred day time phone number? (circle one): Home Work Cell

Nursing License (circle one): RN LPN State _____ Number _____

Are you a member of a Chapter of DDNA? : Yes No

If so, please write the name of the Chapter : _____

Make checks payable to DDNA

P.O. Box 536489

Orlando, FL 32853-6489

(800) 888-6733

Returned checks will be charged a \$25 fee; all fees are non-refundable/non-transferable.

Do you have a username and password? Once you submit your membership renewal and receive your updated membership card, it is VERY IMPORTANT that you visit www.DDNA.org to create your own special username and password. You need the username and password to login to the benefits that are available on the website only to DDNA members. Your DDNA username and password are your key to services and instant access to valuable information about developmental disabilities nursing. For example, you need your username and password to get your member discount on conference registration, to access free continuing education and resources, to participate in special-interest forums, to vote in elections, etc.

**We will use this e-mail address to contact you to notify you when it is time to renew your membership or certification.*