



2009 Membership Application for Individual/Retired Administrator/ Student

Please complete all of the following so that we may have adequate information for the Annual Membership Directory.

Individual _____

Organization _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

Annual Dues: \$210.00

*Please turn application over for Nurse Consultant Services Information.

I understand that my membership benefits include the E-News, quarterly magazine, workshop announcements and discounted rates for workshops. I further understand that as an individual subscriber I may not solicit any LifeSpan member for prospecting (i.e., for clients) purposes. I also certify that I am not currently employed by an eligible, non-member provider.

Signature

Date _____

MAIL COMPLETED APPLICATION AND DOCUMENTATION TO:

**Joan Hyman, Director of Member Services
LifeSpan Network, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046**

Nurse Consultant Information

Services Provided: (Please check all that apply)

- Teach Medication Management Training Course
- Perform Delegating Nurse Functions (initial and 45-day resident reviews, etc.)
- First Aid/CPR Training
- Other: _____