

MICHIGAN COUNCIL OF NURSING EDUCATION ADMINISTRATORS

TO: Nursing Directors
FROM: Treasurer, MCNEA
DATE: September 7, 2017
SUBJECT: 2016-2017 Membership Dues

The 2017-2018 annual MCNEA membership dues of \$75 are due in October for your agency's voting member of MCNEA. Additional memberships for non-voting participation are \$50.00. Please complete the membership form below and return it with your check (**payable to MCNEA**):

Mail to: Barb Wieszcieski
Director of Nursing
Mid Michigan Community College
1375 South Clare Ave.
Harrison, MI 48625

A receipt will be mailed upon request. Your membership and support are valued.

MEMBERSHIP FORM MCNEA 2017-2018 PROFESSIONAL DUES	
NAME:	_____
TITLE:	_____
SCHOOL:	_____
SCHOOL ADDRESS:	_____ _____
SCHOOL PHONE:	_____
HOME PHONE:	_____
EMAIL:	_____
Membership (check one):	Voting (\$75.00) <input type="checkbox"/> Non-voting (\$50.00) <input type="checkbox"/>

Please fill out a different form for each membership, noting the voting member.