

**COLORADO SOCIETY FOR CLINICAL SPECIALISTS IN
PSYCHIATIC NURSING**

C.N.A. DISTRICT 31

Is this a ____RENEWAL or ____ NEW MEMBER APPLICATION or
____ STUDENT APPLICATION?

Please provide the information requested below as you would want it printed in our
Directory.

If a new member application, we will be glad to receive your application and submit it to
the CSCSPN Board for final approval.

Name and Credentials _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

*Membership in the American Nurses Association or the Colorado Nurses Association is
required for membership. Please write in the expiration date of your membership:

Expiration date: _____.

****For new membership application please provide the following information:**

Undergraduate

Graduate

School: _____

Degree: _____

Year graduated: _____

(for students, year anticipate graduating)

Circle areas in which you received theory and supervised clinical practice in your
graduate program: Individual Group Family Other _____

Check all that apply for the following Post Graduate Advanced Practice Experience:

Administration _____ Consultation _____ Education _____

Clinical Practice in/for an Organization _____ Private Practice _____

Prescriptive Authority _____ Any specialty population? _____

Lifetime/Retired _____ Other _____

****Please choose** your Primary Colorado Nurses Association District (DNA). I select as
my primary district _____ (either this District 31 or other DNA number.)

****Dues****

New members:

_____ \$45 regular membership ____ \$25 student membership
_____ \$25 retired advanced practice psychiatric nurse

Renewals:

_____ \$40 (discount) for membership in CSCSPN if paid by **4/15/2010**)
_____ \$50 to continue regular membership (paid after 4/15/2010)
_____ \$25 for student membership
_____ \$25 lifetime/retired dues

Please pay by paypal or make your check for dues payable to *CSCSPN*.

**I am interested in participating on the _____ Committee of CSCSPN District 31.

Committee Options are EDUCATION, ETHICS, LEGISLATIVE, MEMBERSHIP, PUBLIC RELATIONS, and AND NOMINATIONS/BY-LAWS COMMITTEE.

** I am interested in donating the following amount to DNA 31 _____.

Submit the completed application to the website *OR* mail it and your payment to:

Carolyn Dacres RXN CNS
700 N. Colorado Blvd, #219
Denver, CO 80206

Thank You!

Rev. 6/10 att