

When you join NCF, you become part of a professional organization that invests in your personal growth as a Christian nurse and promotes a Christian influence in nursing.

Personal Profile *Required fields. Please write clearly.

Title: _____ Postal Address: * _____

Full Name: * _____ Address 2: * _____

Email: * _____ City: * _____ State: * _____ Zip: * _____

I grant permission for NCF to use my email address for correspondence regarding my account

Yes No

Preferred Phone: * _____

About Yourself *Required fields. Please write clearly.

I AM A * (select one)

- Registered Nurse (RN)
- Licensed Practical/Vocational Nurse (LPN/LVN)
- Advance Practice Registered Nurse (APRN)
- Nursing Student
- Current Degree Program: _____
- Non-nurse NCF Supporter

MY GENERATION * (select one)

- 1928-1945
- 1946-1964
- 1965-1980
- 1981-1996
- 1997-Present

NCF DETAILS * (please choose three)

So NCF can serve you better, please tell us why you are joining/renewing NCF Membership.

- Get JCN subscription and online access
- Need a professional membership for work/resume
- Looking for Christian nursing resources
- Looking for fellowship with other Christian nurse
- Need continuing education or relicensure
- Membership discounts (InterVarsity Press, Lippincott, others)
- Required for school or faith community nurse class
- Other: _____

NURSING EDUCATION * (final educational degree)

- Vocational Degree (LPN/LVN)
- Diploma Degree (RN)
- Associate Degree (RN)
- Bachelor's Degree (RN)
- Master's Degree (nursing or other)
- Doctor of Nursing Practice (DNP)
- EdD
- PhD
- Non-nurse NCF Friend!
- Other: _____

CURRENT NURSING ROLE * (select all that apply)

- Nursing Student (pre-licensure)
- Staff Nurse (inpatient, outpatient, clinic)
- RN-BSN Student (post-licensure)
- Graduate Student
- Nurse Educator in School of Nursing
- Professional Development Nurse Educator
- Administrator/Manager
- Faith Community Nurse/Parish Nurse
- Nurse Practitioner
- Other APRN (CNS, CRNA, Nurse Midwife)
- Retired from nursing
- Friend of NCF (non-nurse)
- Other Health Care Role: _____

Are you currently involved with NCF?

- Yes No

Please list the location (School, NCF Chapter, National virtual events, or City) where you are currently involved:

NURSING SCHOOL AFFILIATION *

- I am a pre-licensure nursing student at: _____
(Graduation year/School)
- I am an RN-BSN student at: _____
(Graduation year/School)
- I teach or am faculty at: _____
(University or School of Nursing)
- I am an NCF Faculty Advisor at: _____
(University or School of Nursing)
- I am currently taking post-graduate classes at: _____
(University or School of Nursing)
- I am an alumni of: _____
(University or School of Nursing)

MEMBERSHIP DETAILS

Please select your membership type:

- New Renewal

I HAVE A DISCOUNT CODE

(please calculate your discount and apply it to your payment)

ENTER CODE: _____

Make check payable to:
InterVarsity Christian Fellowship

Mail completed application to: NCF

**P.O. Box 7895
Madison, WI 53707-7895**

Membership Options

PRACTICING NURSES

Practicing nurse (print plus online JCN) for:

- 1 year \$79 1 year \$70 with auto-renewal (save 11%)*

Practicing nurse (JCN online-only no print copy) for:

- 1 year \$72 1 year for \$64 with auto-renewal (save 11%)*

NURSING STUDENTS

Full-time pre-licensure student (print plus online JCN) for:

- 1 year \$35 2 years \$70

Full-time pre-licensure student (JCN online-only, no print copy) for:

- 1 year \$25 2 years \$50

RETIRED NURSES

Retired Nurse (print plus online JCN):

- 1 year \$69 1 year \$62 with auto-renewal (save 11%)*

Retired Nurse (JCN online-only, no print copy mailed)

- 1 year \$62 1 year \$55 with auto-renewal (save 11%)*

**SAVE ON YOUR MEMBERSHIP BY SIGNING UP FOR AUTO-RENEWAL.
SELECT THE AUTO-RENEWAL OPTION AND MAIL YOUR APPLICATION.
NCF WILL CONTACT YOU TO COMPLETE YOUR ENROLLMENT IN AUTO-RENEWAL.**

* Requires Credit Card. Your card will be charged now at the discounted price and will automatically renew at the same low membership price each year until you cancel.