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. Plea	se write clearly.		
Title:		Postal Address:*	
Full Name:*		Address 2:*	
Email: *I grant permission for NCF to use my email address for correspondence regarding my account No		City:*St	ate:*Zip:*
		Preferred Phone:* _	
About Yourself *Required fields. Pleas			
I AM A* (select one)	NCF DETAILS* (please choose three)		NURSING EDUCATION* (final educational degree)
 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 	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:		 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)	NURSING SCHOOL AFFILIATION* I am a pre-licensure nursing 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:		MEMBERSHIP DETAILS
□ 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:			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
	(University or School of Nursing) I am an alumni of:	Madison, WI 53707-7895	
	(University or School of Nursing)		

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PRACTICING NURSES

Practicing nurse (print plus online JCN) for:

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☐ 1 year \$25 ☐ 2 years \$50

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^{*} 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,