

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: * _____
 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)
- Pre-Licensure Nursing Student
- Non-nurse NCF Supporter

MY GENERATION * (select one)

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

CURRENT NURSING ROLE * (select all that apply)

- Nursing Student (pre-licensure)
- Staff Nurse
- 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
- Non-nurse NCF Supporter
- Other: _____

Are you currently involved with NCF in your local area.

- Yes No

Please list the location [School, NCF Chapter, or City] where you are currently involved:

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
- InterVarsity Press and Lippincott Publisher discounts
- Required for school or faith community nurse class
- Other: _____

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)

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
- Other: _____

CURRENT CLINICAL PRACTICE AREA * (select all that apply)

- Ambulatory/Outpatient (all areas)
- Emergency
- Faith Community Nursing/Parish Nurse
- Gerontology/Older Adult (all areas)
- Home Health
- Intensive/Critical Care (all areas)
- Medical/Surgical
- Obstetrics/Gynecology/L&D
- Oncology, Hospice or Palliative Care
- Operative Care (all areas)
- Pediatrics (all areas)
- Psychiatry/Behavioral Health Public Health
- School Nurse
- Military
- Missional
- Retired
- Non-nurse NCF Supporter
- Other: _____

Membership Options

Practicing nurse (print plus online JCN) for:

- 1 year \$79 2 years \$142 (save 10%) 3 years \$189 (save 20%)

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

- 1 year \$69 2 years \$124 (save 10%) 3 years \$166 (save 20%)

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

Retiree (print plus online JCN; not online-only):

- 1 year \$59 2 years \$106 (save 10%) 3 years \$141 (save 20%)

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