

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 \$117 (save 10%) ☐ 3 years \$156 (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