

**APPLICATION FOR MEMBERSHIP  
Jan- Dec. 2010  
NURSING LEADERSHIP COUNCIL – HASC**

**NLC-HASC - MEMBERSHIP CATEGORIES**

**\$150**     **Active Executive:** The Chief Nursing Executive, employed by any organization that is a member of HASC or the Dean/Director of a Registered Nurse education program shall qualify for active membership if he or she is Registered Nurse currently licensed in the State of California. The term “Chief Nursing Executive” shall be defined by each HASC organization. Qualifying organizations include the following:

- Acute health care facility;
- Regional/corporate health care organization which manages or consults in more that one(1) facility;
- Managed care organization/group;
- Independent out-patient, ambulatory, or home care organization;
- Independently licensed extended care/skilled nursing facility;
- Accredited Registered Nursing education program.

**\$50**     **Active Management:** The following qualify for membership:

- A Registered Nurse employed in a leadership position by an HASC member organization;
- A Registered Nurse employed by an accredited Registered Nurse education program.

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NURSING LEADERSHIP COUNCIL**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Area Council dues will be forwarded as indicated**

Inland     Los Angeles     Orange County     Ventura/Santa Barbara     Northwest     San Gabriel

**Payment Method:**     MasterCard     Visa     Check # \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Cardholder Name (please print)** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cardholder Phone:** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_

Send **all** membership dues to:  
**Nursing Leadership Council**  
515 South Figueroa Street, Suite 1300  
Los Angeles, California 90071