



National Coalition of Hospital Associated  
Schools & Colleges of Nursing

## Membership Application 2020

Amount Due: **\$350.00**

Send to: Rejeanne DuVall  
Center for Education  
2900 First Avenue  
Huntington, WV 25702

Complete the following:

Name and Credentials: \_\_\_\_\_,

Dean / Director/ Chairperson (Circle appropriate Title)

School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Internet Address: \_\_\_\_\_

\_\_\_\_\_ Renew Membership

\_\_\_\_\_ New Member