



advocate. educate. support.

For NNFA/NALA Office Use:  
 ACCOUNTING  
 NHCA DB

### STUDENT MEMBERSHIP APPLICATION

An annual (January-December) NNFA/NALA Student Membership is available at no cost to college students carrying three or more semester credit hours or 4.5 or more quarter credit hours and currently registered in any of the following programs related to long-term care: Nursing Home Administration, Initial Assisted Living Administration, Gerontology, Nursing, Social Services, Recreational Therapy, Occupational Therapy, Physical Therapy, Pharmacy, Nutrition, and Physician's Assistant. Individuals that have completed one of these programs but have not yet found employment also qualify for NNFA/NALA Student Membership. In this case, membership is available for up to one year after graduation or until employed, whichever comes first.

NNFA/NALA Student Membership is renewable annually as long as the student meets the above requirements. The "Verification of Student Status" section below must be completed. The NNFA/NALA Student Membership entitles students to attend NNFA/NALA/NHCLC events and purchase products at a discounted rate.

**Please Print Clearly:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Email is used for delivery of information. Please keep us informed of your current email address!**

**CHECK THIS BOX if you DO NOT WANT YOUR EMAIL ADDRESS PUBLISHED online or in printed NNFA/NALA membership directories.**

Employed by \_\_\_\_\_

If you are working for a long-term care facility and the facility is not a member, please request facility membership information.

\_\_\_\_\_  
STUDENT SIGNATURE

### VERIFICATION OF STUDENT STATUS

Check the enrollment that applies: \_\_\_\_\_ Currently enrolled or enrolled within the last year as a student  
Number of Hours \_\_\_\_\_  Per Quarter  Per Semester  
\_\_\_\_\_ Currently enrolled or enrolled within the last year in an  
AIT or mentorship program

Name of college \_\_\_\_\_

Major/program of study \_\_\_\_\_

Specify the quarter/semester for which student is/was enrolled \_\_\_\_\_

Expected/actual graduation/course completion date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REGISTRAR/INSTRUCTOR

Registrar/Instructor Email \_\_\_\_\_

Registrar/Instructor Phone \_\_\_\_\_