



2025-2026 CAPHN Membership Renewal Form

Member Name: _____

Organization: _____

Organization Mailing Address: _____

Member Preferred Mailing Address: _____

Preferred Email Address: _____

Preferred Phone Contact: _____ **Fax:** _____

Current Role: LHD PHN School Nurse PHN Supervisor Academia Other: _____

Full Membership \$50 (includes full voting privileges, full access to quarterly membership meetings and all lunch and learn trainings)

Associate Membership \$40 (does not include voting privileges, but full access to quarterly meetings, and all lunch and learn trainings)

Payment Information

Please make checks payable to:

CT Nurses Association

C/O CAPHN

1224 Mill Street

Building B, Suite 223

East Berlin, CT 06023

Please note that payment of Annual Dues is required to vote in the Annual Elections held May 7, 2025. The Annual Dues will cover membership through June 30, 2026

Please send inquiries to Janine Vose (Membership Chair) at JVose@nddh.org