



## Membership Application

You must be a member of the International Association of Forensic Nurses to be eligible to join the MN IAFN Chapter.

### Contact Information:

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Demographic Information:

Nurse
  Currently working as a SANE? If yes, where? \_\_\_\_\_

SANE A
  Advocate

SANE P
  Other, please specify \_\_\_\_\_

### AFN Membership:

IAFN member number:

Expiration date:

### Committees:

Would you like to be a part of a committee?

Education Committee

Membership Committee

### Payment:

Send \$30 check payable to MN IAFN Chapter to:	Minnesota Forensic Nurses 992 Laurel Ave St. Paul, MN 55104
E-Mail Address <a href="mailto:mnforensicnurses@gmail.com">mnforensicnurses@gmail.com</a>	Or apply online <a href="http://mnforensicnurses.org">mnforensicnurses.org</a>

### Signature:

Name (printed)	
Signature	
Date	