



## Membership Application

Membership can be completed conveniently on-line at <http://www.socomds.com> with payment via credit card through [PayPal](#) , or print out this form and mail along with your personal check to SoCo Association of MDS Nurse Assessment Coordinators, LLC – 198 Tremont Avenue – Bridgeport, Connecticut 06606. Make checks payable to: SoCo Association of MDS Nurse Assessment Coordinators

***Individual Membership***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Position Held: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Work / Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work / Company E-Mail: \_\_\_\_\_ Position Held: \_\_\_\_\_

Facility Phone#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

***Company / Consultant Membership***

Facility / Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Facility / Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility / Company E-Mail: \_\_\_\_\_

Facility Phone#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**How did you hear of us?**

Web-site / Link

Colleague

Mailer

Other \_\_\_\_\_

\_\_\_\_\_

**Contact / Mail Preference:**

- Home
- Work

**Are you a member of any other nursing or LTC Organizations? Please List:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Yearly Membership Fees:**

- Individual: 35.00**
- Facility: 250.00**
- Consultant: 250.00**

\* **Log In : (your e-mail):** \_\_\_\_\_

\* **Choose a Password:** \_\_\_\_\_