

Long Term Care
Nursing Coalition of Mississippi
The Voice of Nurses
Ensuring Quality Care

Application for Membership in the Long Term Care Nursing Coalition of Mississippi

On behalf of the named organization, I hereby apply for Membership in the Long Term Care Nursing Coalition of Mississippi

(Please Print Legible)

Name: _____

Degree: RN _____ LPN _____

Title: _____ **Years in LTC:** _____

Are you currently licensed in the state of MS? O Yes O No License # _____

Employer: _____

Employer Mailing Address: _____

Employer Physical Address: _____

City, State, Zip: _____ **Fax #:** _____

Home Number: _____ **Cell Number:** _____

Home Address: _____

City, State, Zip: _____

E-mail Address: _____

*****All correspondence will be by e-mail except for membership card***
which will be mailed to the home address listed unless otherwise
designated.**

Membership Dues: \$25.00 every 2 years
Please mail the application along with a check to:

MHCA LTC Nursing Coalition
303 Brame Road
Ridgeland, MS 39157

Phone: 601-898-8320
Fax: 601-898-8341

