

Southern California Association of Neonatal Nurses
Membership Information

Name _____

Address _____

City _____ Zip Code _____

Telephone (home) _____ (work) _____

E-Mail _____

New member Renewal

NANN Membership Number _____

Certifications _____

Place of employment _____

- I am interested in serving as a chapter delegate for my hospital
- I am interested in hosting a SCANN meeting at my hospital
- I would like to be involved in SCANN committee work

Chapter dues are \$20

Remember, you must maintain your NANN membership to join SCANN.

Make checks payable to SCANN and mail membership application to:

SCANN
PO Box 711652
San Diego, CA 92171