



**Nursing Centers Research Network (NCRN) &
National Nursing Centers Consortium (NNCC)
Partnership**



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**Joint Membership Form
2007-2008**

Health Center Information

Name of Academic Institution: _____

Name of Health Center: _____

Address: _____

Phone Number: _____ Fax Number: _____

Website: _____

Contact Information

Name of Contact: _____

Address (if different from above): _____

Phone Number: _____ Fax Number: _____

Email: _____

Please check (✓), which category applies:	<u>Center's Operating Budget</u>	<u>NCRN & NNCC Joint Membership</u>	<u>Paid directly to NCRN</u>	<u>Paid directly to NNCC</u>
_____	\$249,000 or less	\$500.00	\$250.00	\$250.00
_____	\$250,000 to \$499,999	\$1,000.00	\$500.00	\$500.00
_____	\$500,000 and above	\$1,500.00	\$750.00	\$750.00

Please make a check payable to each organization and send along with a copy of form to each organization (see below):

Please make check payable to:
University of Wisconsin-Milwaukee

*Return this completed invoice with your
payment to:*
**Jennifer Weinzierl
University of Wisconsin-Milwaukee
College of Nursing
P.O. Box 413
Milwaukee, WI 53201-0413
(414) 229-6921**

Please make check payable to:
National Nursing Centers Consortium

*Return this completed invoice with your
payment to:*
**Tine Hansen-Turton
NNCC
260 S. Broad St., 18th Floor
Philadelphia, PA 19102
(215) 731-7140**