



Select a membership level and our staff will contact you within 96 hours of your form submission. In our effort to be more environmentally conscious, confirmation of your membership will only be sent by e-mail. Members are responsible for keeping up to date with their membership. There will be NO reminders for annual dues.

Please fill out & print to send with you check to:

GEORGIA CNS (GCNS)

PO Box 463

925B Peachtree Street

Atlanta Ga 30309

Annual membership term runs from September 1 to August 31st each year

Member Information

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

E-mail

Select Your Membership Level

Annual Member

CNS APRN (\$50)

STUDENT (\$25)