



**SOUTHEAST LOUISIANA STAFF DEVELOPMENT ORGANIZATION
(SLSDO)**

Organization Membership / Renewal Application

Date: _____ Check One: New Member Application () Renewal Application ()

Name & Credentials: _____

Home Address: _____ City & Zip code _____

Home Telephone # (including area code): () _____

Hospital or Clinical work setting: _____

Department: _____ Work Address: _____

Work Telephone # (including area code): () _____ Extension: _____

Email address: Home _____ Work _____

Fax number: Home _____ Work _____

Please indicate your preference for receiving correspondence from SLSDO

Home () Work ()

Are you a current member of the Association for Nursing Professional Development (ANPD)? Yes () No ()

Please list areas of interest and or concerns that you would like the organization to address. _____

Please check the following responsibilities that you address in your clinical setting:

_____ Orientation	_____ School affiliation	_____ BLS
_____ In-service	_____ Risk Management	_____ ACLS
_____ CE programs	_____ Process Improvement	_____ PALS
_____ Consultation	_____ Policy Development	_____ NRP

Please bring this form to a meeting or mail your completed application form and \$20.00 membership fee to:

**Kendall Young
105 Field Street
Belle Chasse, La 70037**

Checks should be made payable to SLSDO

Office Use: Amount received _____ Date received: _____