



Sylvia Bond Nursing Society Membership Board:

I _____, by signing below do hereby agree that I am a current three (3) year or lifetime member of the Sylvia Bond Nursing Society. Furthermore, I agree to participate in **two** of the following SBNS activities:

- Mentor another nurse to take certification exam
- Participate in SBNS fundraising task force (assignments made by SBNS Board)
- Participate in Leadership development symposium planning
- Participate in Society membership recruitment event

I understand that a condition of my certification assistance is dependent upon completing the above mentioned requirement. I further agree to complete my event participation requirements within 12 months from the date of receipt of the notification email. If I fail to participate, I understand that I forfeit any future eligibility for SBNS certification assistance.

Signature of Applicant

Date

Printed Name

FOR SBNS USE:

Date letter submitted: _____

Activities Assigned: 1. _____

Date Notified: _____

2. _____

Date Notified: _____