



*975 F Street, NW, Ste. 400-A
Washington, D.C. 20004*

January 1, 2023

Nursing School: _____

Hospital: _____

Address: _____

INVOICE

For 2023 National Alliance for Nursing Education (NANE) membership dues. Please remit payment within thirty (30) days.

Total for NANE 2023 Membership Dues: \$10,000

Please make check payable to National Alliance for Nursing Education and mail to:
17 South High Street, Ste. 1000, Columbus, OH 43215.

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