



National Consortium of Stroke Coordinators

2009 Membership Application Form

Purpose Statement:

- To establish a network for mutual and professional support among Stroke Coordinators.

Mission Statement:

- To advance acute stroke management through the standardization of care
- To provide opportunities to share information and resources related to stroke program development and proficiency across the continuum of care.

Website: <http://www.strokecoordinators.org>

National annual fees - \$50.00 payable to the NCSC

Local fees to be determined by individual chapters

Membership Information (Please Print)

Name: _____

Degree/Credentials (RN, MSN, CNRN, etc): _____

Institution: _____

Mailing Address: Home Business

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____--____ Fax: (____) ____--____

E-mail (All information is confidential): _____

"I give my permission to the NCSC to share my contact information with other stroke coordinators through a secure website" yes no



Willingness to Serve Form

Would you be interested in serving on a committee or serving as an officer?
Please indicate your areas of interest below.

Serving as an officer

- President
- Vice-President
- Secretary
- Treasurer

Committee

- Programs
- Membership
- Sponsorship
- By-laws
- Nominating
- Outreach/Mentoring

Communications

- Website
- Newsletter
- Emails

Please mail application with willingness to serve form and annual dues to:

NCSC
PO Box 30355
Winston Salem, NC 27130

