



San Bernardino & Riverside Counties  
School Nurse Organization

**Membership Application 2020-21**

Inland Empire School Nurse Organization

**MEMBERSHIP DUES: \$30.00** Please make checks payable to IESNO

Mail to: Josette deBruyn PO Box 1201 Lake Arrowhead, CA 92352

Name : \_\_\_\_\_  
Last First

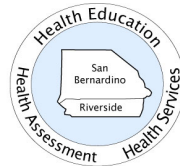
Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Position Title: School Nurse \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

California RN License Number: \_\_\_\_\_ Date: \_\_\_\_\_



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