



San Bernardino & Riverside Counties
School Nurse Organization-CSNO

Membership Application 2021-22

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

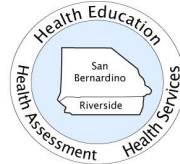
Address: _____
Street City Zip

Phone: _____ Email: _____

Employer (if applicable): _____

Position Title: School Nurse _____ Other (Please Specify) _____

California RN License Number: _____ Date: _____



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