

PNA MEMBERSHIP ROSTER

K-PNA 001-B (Rev. 6-12)

This is to certify that the below listed individuals are professional employees of _____
_____ and are members of _____
_____, a professional employees' organization under
K.S.A. 72-5413 et seq.

PRINTED NAME	ADDRESS	DATE	SIGNATURE

This is to certify that the above signed individuals are members of _____

Signature Title Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

SEAL

Notary Public
My Commission Expires: _____