

PNA MEMBERSHIP ROSTER

K-PNA 001-B (Rev. 7-18)

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. 72-2218 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: _____