



Philippine Nurses Association of North Carolina

Membership Form

Date: _____

Last Name: _____

First Name: _____

Credential/s (Highest):

- RN/Associate Degree RN/BSN
 Master's Degree Advanced Practice Doctorate

Membership:

Fee: **\$65.00/year**

- Renewal New

Paid By:

- Cash Check (Check#) _____

Mailing Address:

Street _____ Apt. # _____

Town _____ State _____ Zip Code _____

E-mail Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Place (Institution/Facility Name): _____

Work Place Address:

Street _____ Apt. # _____

Town _____ State _____ Zip Code _____

Work Phone #: _____

Area of Specialty: _____

Would you like to volunteer in some of the activities of PNA-NC?

- Yes
 Not at this time
 Contact me for future activities

If "Yes", what activities would you like to help PNA-NC with?

- Educational activities Member recruitment activities
 Fund raising activities Website/promotion activities
 Events/social activities

For Official Use Only:
Member # _____
Valid Through _____