



# PHILIPPINE NURSING ASSOCIATION OF AMERICA, INC.



## MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

<b>* First Name:</b>		
<b>* Last Name:</b>	Suffix:	
<b>* Current Address:</b>	Apartment #:	
<b>* City:</b>	<b>* State:</b>	<b>* ZIP Code:</b>
<b>* E-mail:</b>		
<b>* Gender:</b>	Contact Number:	

### MEMBERSHIP

<b>* Select PNA Membership Level:</b>	<p><input type="checkbox"/> Active Member (1 Year) - \$ 50.00</p> <p><input type="checkbox"/> Active Member (2 Years) - \$ 100.00</p> <p><input type="checkbox"/> Associate Member (1 Year) - \$ 50.00</p> <p><input type="checkbox"/> Associate Member (2 Years) - \$ 100.00</p> <p><input type="checkbox"/> Member-at-Large (1 Year) - \$ 50.00</p>	<p><b>Active Member:</b> A professional RN of Philippine ethnic origin.</p> <p><b>Associate Member:</b> A professional RN of Non-Philippine ethnic origin.</p> <p><b>Member-at-Large:</b> A professional RN residing in a state where a Local Chapter does not exist.</p>
<b>* Chapter/Additional Due:</b>	<b>PNA-NORTH_HOUSTON</b>	
<b>* Sub-Chapter (If Applicable):</b>	<b>\$30.00</b>	
<b>* TOTAL DUE:</b>		
<b>* Application Type:</b> <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal		

### SIGNATURE

By signing below, I certify all information is true and correct to the best of my knowledge.

<b>* Signature of applicant:</b>	Date:
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**\* - REQUIRED**

*PNA shall not discriminate against any applicant or member on the basis of race, creed, age, sex, sexual orientation, religion or handicap.*

Note:

- Once application is received and processed, the applicant will receive a registration confirmation via email.
- An email will be sent to the applicant with instructions in creating unique ID Log-in Name (Email Address) and Password. This will provide access to visit For-Members-Only section in the website and to update profile/account settings.
- Members-at-Large will need validation from the PNA Treasurer and Membership Committee prior to acceptance of the membership registration.

**Make the check payable to PNA and mail to:**

PNA Membership Chair  
904 Jamesport Drive,  
Toms River, NJ 08753

**For any Membership Application questions:**

Susan Castor  
Email: suecastor@yahoo.com