



The Philippine Nurses Association of Hawaii (PNAH)

P.O. Box 1770

Pearl City, Hawaii 96782

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2010-2012**

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___ New Member ___ Renewal ___ Lapsed Membership

Date: _____ Date of Birth: (Month & Day): _____

Name: _____

Home Address: _____

E-mail Address: _____

Phone Number: (home) _____ (cell) _____

(Will you allow your picture to be posted on the PNAH website?)

Yes ___ (pls. attach photo) No ___

For Business Owner:

Name of Business: _____

Nursing Achievement:

PhD MSN RN LPN Nursing Student

Employer: _____

Position: _____

Nursing School/University:

Undergraduate: _____ Degree: _____ Year: _____

Graduate: _____ Degree: _____ Year: _____

Post Graduate: _____ Degree: _____ Year: _____

Mentor: _____

Annual Membership Fee:

Member: *Associate/Honorary Member: Nursing Student: Retired Nurse:

\$75.00

\$35.00

\$25.00

\$40.00

Please make check payable to PNAH, enclose your application and mail to:

Tessie Oculito, RN, Chairperson, PNAH Membership Committee

P.O. Box 1770, Pearl City, Hawaii 96782

***Associate member:** A professional registered nurse of non-Philippine ethnicity with license to practice in Hawaii, a LVN/LPN with license to practice in Hawaii, a Filipino nurse who is seeking nursing licensure in the U.S.A, or a nursing student studying in an accredited nursing school in the United States of America.

***Honorary member:** A registered nurse of different ethnicity, who has been granted license to practice in the State of Hawaii, and who has rendered distinguished service or exemplary assistance to Filipino nurses and/or toward the achievements and advancements of PNAH's goals.