



The Philippine Nurses Association Hawaii
P.O. Box 1770
Pearl City, Hawaii 96782
<http://www.pnahawaii.org>
E-mail: pna_hawaii@yahoo.com or
president@pnahawaii.org

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MEMBERSHIP APPLICATION

___ *New Member* ___ *Renewal* ___ *Lapsed Membership*

Date: _____ **DOB: (Month & Day):** _____

Name: _____

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: _____

For Healthcare Personnel

PhD **MSN** **RN/BSN** **LPN** **Nursing Student** **Other** _____

Employer: _____

Position: _____

Nursing School/University:

Undergraduate: _____ **Degree:** _____ **Year:** _____

Graduate: _____ **Degree:** _____ **Year:** _____

Post Graduate: _____ **Degree:** _____ **Year:** _____

Recruited by _____

Annual Membership Fee:

| | |
|----------------|-----------------------------------|
| Member: | Associate/Honorary Member: |
| \$40.00 | \$25.00 |

2 Years Membership Fee (discounted)

| | |
|----------------|-----------------------------------|
| Member: | Associate/Honorary Member: |
| \$70.00 | \$40.00 |

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

PNAH Chair, Membership Committee

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

Note: Associate/Honorary members are Filipino-American retired RN's, LPN's, RN's from Philippines (unlicensed to practice in U.S.), RN & LPN's from other ethnic population and nursing students