



The Philippine Nurses Association Hawaii
P.O. Box 1770
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2008-2010**

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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 LPN's,
 RN's from Philippines (unlicensed to practice in U.S.), RN & LPN's from other
 Ethnic population and nursing students