



Philippine Nurses Association of San Antonio, Inc.

www.mypnasatx.org email: mypnasa@hotmail.com

MEMBERSHIP APPLICATION FORM

DATE _____

DEMOGRAPHIC INFORMATION

Regular Member
 Renewal
 Student (Undergraduate) / Associate Member
 New

Recruited by: _____

Last Name

First Name

_____ MI

Mailing Address: Street

City

State

Zip Code

Date of Birth _____ month & _____ day

PROFESSIONAL / WORK INFORMATION

Academic and Professional Credentials: _____
(ex. BSN, MSN, PhD, DNP, CCRN)

Nursing School(s):

Assoc/AD/BSN: _____

Masters: _____

Doctoral: _____

Employer _____

Job Title _____

Specialty _____ National Certification _____

PREFERRED CONTACT INFORMATION

Home Phone _____

Cell Phone _____

Email Address: **(PNASA means of communication, please write legibly)**

@ _____

• _____

COMMITTEE INTEREST(S)

Please check which **PNASA Committee** you would be interested in assisting:

- | | |
|---|---|
| <input type="checkbox"/> By Laws | <input type="checkbox"/> Nomination and Election |
| <input type="checkbox"/> Education and Research | <input type="checkbox"/> Human Rights and Welfare |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Publicity and public Relations/Website |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Community Service |

MEMBERSHIP FEE

Annual Membership Fee: **\$60.00** Student (Undergraduate): **\$25.00**

Please make check payable to **PNASA** and return along with this completed form to:

Judith Evans, RN
4426 Wind Valley
San Antonio, TX 78261
Email: jnevans2002@yahoo.com

Please do not write below this line

_____ Date received	_____ Treasurer/Secretary
_____ ID/packet sent	_____ Officers/Committee updated
_____ Thank you sent	_____ Roster Updated

PNASA OFFICERS 2016- 2018

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How to Contact Us:

PNASA President:

Phone: (210) 558-4435

pnasa_ceu@yahoo.com