**PHILIPPINE NURSES ASSOCIATION OF AMERICA**

**CINCINNATI - NORTHERN KENTUCKY CHAPTER**

**(PNA Cin-NKy)**

**PNA Cin-NKy Mission**: To uphold the positive image and welfare of its constituent members, promote professional excellence and contribute to significant outcomes to healthcare and society.

| **Membership Application / Renewal Form** |
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| Date:  |  □ New Member  |
| Referred by:  |  □ Renewal Member Since:  |
| Name/Title: Birthday: Gender:  |
| Address:  |
| Phone**:**  | Email:  |
| Employer:  | Position:  |
| Primary Nursing Practice:  | Certifications:  |
| Nursing School / College(s):  |
| Degree(s**):** Additional Information:  | Year Graduated:  |
| **Membership Fees:** □ **New Member: $65** □ **Active Member (1 year): $65** □ **Student: $25** □ **Active Member (2 year): $130**   |
| **Membership Category:** □ **Active** □ **Associate** □ **Student Associate** □ **Member-At-Large**  |
|  **ACTIVE:** Any professional registered, practical, or vocational nurse of *Philippine* *ethnic descent* who has been granted a  license to practice in Ohio and/or Kentucky |
|  **ASSOCIATE:** Any professional registered, practical, or vocational nurse of Philippine or *non-Philippine ethnicity* who has been granted a license in their country of origin and/or Ohio and/or Kentucky  |
|  **STUDENT:** Any nursing student who will be graduating during the year of membership. |
|  **MEMBER-AT-LARGE:** Any professional registered, practical or vocational nurse of Philippine or non-Philippine ethnicity  who has been granted a license to practice in any state or country outside of Cincinnati, Ohio and Northern Kentucky |
| **Please check which PNA Cin-NKy Committee(s) you would be interested in joining:** |
| □ Legislative (Bylaws, Human Rights) | □ Public Relations (Cultural Affairs, Newsletter, Website) |
| □ Education/Research/Practice  | □ Budget/Finance (Ways/Means, Awards/Scholarship) |
| □ Membership |  |
| **SIGNATURE:** |
| Preferred mode/s to be reached: □ Email □Cell Phone □ Home Phone □ Post Office Mail |
| Amount Enclosed:  | Make check payable to: PNA Cin-NKy |
| Contact Person: **Janet Paguigan, MSN-Ed, RN, CNE (**President 2022-2024)Email: pnacinnky@gmail.comPhone: (513)560-1823 | Mail application and check to: **Sharon Walters, BSN, RN** (Treasurer)1506 Twinridge Way, Independence, Kentucky 41051Phone: (859)866-6345 |
| **\*For Office Use Only ~ Please Do Not Write Below This Line\***  |
| Date Payment Received: □ Cash □ Check # □ Electronic Payment Type PayPal/Credit Card Processed By: |
| ID No. Next Renewal Date: |  □ ID □ Acknowledgement □ Roster □ Committee |