**PHILIPPINE NURSES ASSOCIATION OF AMERICA**

**CINCINNATI - NORTHERN KENTUCKY CHAPTER**

**(PNA Cin-NKy)**Logo

Description automatically generated

**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** | | | |
| --- | --- | --- | --- |
| 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.com](mailto:pnacinnky@gmail.com)  Phone: (513)560-1823 | | | Mail application and check to:  **Sharon Walters, BSN, RN** (Treasurer)  1506 Twinridge Way, Independence, Kentucky 41051  Phone: (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 |