



Philippine Nurses Association of Illinois, Inc.

ON633 Lancaster Drive Winfield, Illinois, 60190-1835 (847) 414-1557 E-mail: pnaillinois@yahoo.com



PNAI & PNAA

MEMBERSHIP APPLICATION

CHOOSE MEMBERSHIP TYPE:

- FULL MEMBER** \$ 60.00 ANNUAL DUE (\$50.00 TO PNAA & \$10.00 TO PNAI)
A PROFESSIONAL RN OF PHILIPPINE ETHNIC ORIGIN
- LIFE MEMBER** \$50.00 ANNUAL DUE (PNAA ONLY)
FULL MEMBER PRIOR TO YEAR 2000
- ASSOCIATE MEMBER** \$20.00 ANNUAL DUE (PNAI ONLY)
A PROFESSIONAL RN OF NON-PHILIPPINE ETHNIC ORIGIN
- STUDENT MEMBER** \$10.00 ANNUAL DUE (PNAI ONLY)
A STUDENT ENROLLED IN ANY UNDERGRADUATE NURSING PROGRAM I.E. BSN OR ADN

APPLICANT INFORMATION

* FIRST NAME	MIDDLE NAME/INITIAL	* LAST NAME
* GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
* CURRENT ADDRESS	APARTMENT#	
* CITY	* STATE	* ZIP CODE
* E-MAIL	* CONTACT NUMBER	
NURSING SCHOOL GRADUATED		
COUNTRY/STATE	YEAR GRADUATED	
DEGREE RECEIVED	<input type="checkbox"/> BSN <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	
HIGHEST LEVEL OF EDUCATION	<input type="checkbox"/> MSN <input type="checkbox"/> DNP <input type="checkbox"/> MBA <input type="checkbox"/> MHA <input type="checkbox"/> MASTERS (NON-NURSING) <input type="checkbox"/> OTHER	
NURSING PRACTICE STATUS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	

WORK INFORMATION

WORK STATUS	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER		
EMPLOYER	CURRENT POSITION		
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	

COMMITTEE INTEREST (PLEASE SPECIFY SO WE CAN CONTACT YOU. WE NEED YOUR IDEAS AND INVOLVEMENT-THANK YOU)

<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> PUBLICITY & PUBLICATION	<input type="checkbox"/> EDUCATION & CONVENTION	<input type="checkbox"/> SOCIAL/WAYS & MEANS
<input type="checkbox"/> BY-LAWS	<input type="checkbox"/> HUMAN RIGHTS & WELFARE	<input type="checkbox"/> NOMINATION & ELECTION	<input type="checkbox"/> SCHOLARSHIPS (AWARDS)
<input type="checkbox"/> WAYS AND MEANS	<input type="checkbox"/> LEGISLATIVE	<input type="checkbox"/> AD HOC (WEBSITE)	<input type="checkbox"/> OTHERS (SPECIAL EVENTS)

NAME OF EMERGENCY CONTACT	
ADDRESS	PHONE NUMBER

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

* SIGNATURE OF APPLICANT	* DATE
--------------------------	--------

Mail or Apply Online with Check or Electronic Payment payable to:
PHILIPPINE NURSES ASSOCIATION OF ILLINOIS (PNAI)

Form of Payment:

___ Check In The Amount Of \$ _____ Check # _____
___ Cash In The Amount Of \$ _____ Donation Amount \$ _____

Two ways to apply:

ONLINE:

PNAI Website: www.pnail.org

MAIL HARD COPY APPLICATION TO:

Dean H. Baron, BSN, RN, CNN

PNAI Membership Chairperson

268 Gladiolus Drive

Romeoville, IL 60446

Phone: (815) 505-4188

E-mail: pnaimembership@yahoo.com

Below For Official Use Only:

Check/Cash Submitted To: _____ Date: _____

Received By (Signature): _____ Date: _____