



*Philippine Nurses Association
Oregon & Washington Chapter*
501(c)(3)

**PNA-OR/WA
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2014 – 2016**

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Membership Form

Name: _____ Birthday _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Position/Specialty _____

Special Skills/Hobbies _____

School of Nursing _____

Province or State of Origin _____

Please indicate the committee(s) of your interest:

Education Cultural/Social Affairs

By-Laws Hospitality

Finance/Ways & Means Membership

Publication Community Outreach

New Member Membership Renewal

Regular Member Affiliate Member
(Filipino RN) (LPN, CNA, others)

If new member, recruited by: _____

Signature _____ Date _____

Regular Member/Honorary Member/Associate Member: \$60.00

Affiliate Member: \$20.00

Please mail completed membership form to:

PNAOW
PO Box 87191
Vancouver, WA 98687
(Check payable to PNAOW)

Together We Can Make A Difference!

Philippine Nurses Association Oregon & Washington
PO Box 87191 Vancouver, Washington 98687

www.pnaow.org