

**Philippine Nurses Association
South Carolina**



Purpose: *To provide an organization that will uphold the image and foster the welfare of Filipino nurses in South Carolina as a professional group through: activities for the unification of Filipino nurses of SC, fostering educational programs relevant to nursing practice, education, and research; active participation in community activities which directly and indirectly affect nursing.*

Date: _____
(MM/DD/YYYY)

Please check one: New Renewal

Please print your name: _____
(Last) (First, MI) (Maiden)

Date of Birth: _____
(MM/DD/YYYY)

School Graduated: _____

Spouse's Name: _____ Anniversary Date: _____

Home Address (City & Zip Code): _____

Home Telephone Number: () _____

Work Address (City & Zip Code): _____

Work Telephone Number: () _____

E-mail Address: _____

Specialty Area Children (Name, age): _____ Shift Work: _____

Interested in any committee? (Check one):

- | | |
|--|---|
| <input type="checkbox"/> By-Laws/Legislation | <input type="checkbox"/> Program |
| <input type="checkbox"/> Education/Scholarship | <input type="checkbox"/> Publication Membership |
| <input type="checkbox"/> Ways and Means | |

Please make check payable to PNA South Carolina, and send with application form to:

Ms BETTY INIGO
506 CHEROKEE DR.
SUMMERVILLE, SC 29483

Annual PNASC Membership Fee of \$35.00 included.

Applicant's Signature: _____ Date: _____

Date Application Received: _____

Treasurer: _____ Membership Chairperson: _____ Secretary: _____

Revise Date: 06/2007