



**PHILIPPINE NURSES ASSOCIATION OF AMERICA
MARYLAND CHAPTER**

www.pnamd.org

**Mission: To provide an organization that will uphold the image and foster the welfare
of Filipino-American nurses in the state of Maryland**

2012 Membership Application/Renewal	
Name:	Title/Position:
Address:	
City, State, Zip:	
Place of Work:	
Degree(s):	School (s):
Certification(s):	Issued By:
Home Phone:	Work Phone:
Facsimile:	E-mail:
MD RN License #:	Expiration Date:
Practice Setting	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Industry
<input type="checkbox"/> Office/Clinic	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> ASC	<input type="checkbox"/> Home Care
<input type="checkbox"/> Hospice	<input type="checkbox"/> School
<input type="checkbox"/> Management/Administration	<input type="checkbox"/> Other:
Participation Type and Dues	
<input type="checkbox"/> Active Member (must be an RN) ○ New Member \$ 60.00 ○ Renewal \$ 60.00	RN of Philippine ethnic origin, licensed to practice in the state of Maryland
<input type="checkbox"/> Associate Member \$ 30.00	RN of non-Philippine ethnic origin licensed to practice in the state of Maryland
<input type="checkbox"/> Retired, non-practicing Member \$ 30.00	RN of Philippine ethnic origin residing in the state of Maryland RN of non-Philippine ethnic origin who had been a member of PNAA for at least 2 years
<input type="checkbox"/> Optional: KEPF- Kababayan Emergency Preparedness Funding (Phil. Disaster Relief)	\$ _____
<input type="checkbox"/> TOTAL CHECK ENCLOSED	\$ _____
Additional Information	
Make check payable to:	PNA MD Chapter
Recruited By:	
Contact Person: Lil Salada, Membership Chair Phone: (443) 465-8446 Email: lilsalada@yahoo.com	Mail application and check to: PNA MD Chapter c/o Maria Brigoli, Treasurer 6112 Morning Calm Way Columbia, MD.21045
For Office Use Only	
Date Payment Received:	
Check Number:	
Membership Code Number:	
Processed By:	