



# Chinese American Nurses Association

美國華裔註冊護士協會

P.O. Box 527652 Flushing, NY 11352

Website: www.cana-usa.org

## Membership Registration/Renewal Form

Check here for membership RENEWAL (Annual membership should be renewed in January every year)

### **Please indicate if you are a/an:**

- Registered Nurse (in U.S.)  Nursing Student  
 Registered Nurse (non-U.S.)  Friend of CANA/ Healthcare Professional  
 Licensed Practical Nurse (LPN) / Licensed Vocational Nurse (LVN) (in U.S.)  
 Other (please specify) \_\_\_\_\_

Mr./Ms./Mrs./Dr. \_\_\_\_\_

Salutation (circle one) Last Name First Name Chinese (optional)

Home Address: \_\_\_\_\_

( ) Street City State Zip

( ) Phone number Alternative Phone number Email Address (PRINT please)

Practice Area (or position) \_\_\_\_\_

Name of Institution/Agency/University \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

### **Please complete and sign application form with attached membership due:**

- Annual membership due **\$30**  5 year membership due **\$100**  
 10 year membership due **\$150**  Life time membership due **\$250**  
 Nursing student annual membership due **\$10**  
 Retired nurse (age >65) membership due is optional "suggest donation of **\$15**"

**Please make check payable to "Chinese American Nurses Association" and mail it to :**

**P.O.Box 527652, Flushing, NY 11352.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (in Print)

\_\_\_\_\_  
Date

### **For Membership Committee Use Only:**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Membership: **Approved:**

**Pending** (reason):

Payment received (amount): **Cash:**

**Check:**

**Other:**

Member card (date): **Given**

**Mailed**