



# PHILIPPINE NURSES ASSOCIATION OF VIRGINIA, INC.

## MEMBERSHIP APPLICATION FORM

### APPLICANT INFORMATION

\* **First Name:**

\* **Last Name:**

Suffix:

\* **Current Address:**

Apartment #:

\* **City:**

\* **State:**

\* **ZIP Code:**

\* **E-mail:**

\* **Gender:**

Contact Number:

### MEMBERSHIP Referred by:

\* **Select PNAA Membership Level:**

- Active Member (1 Year) - \$ 50.00
- Active Member (2 Years) - \$ 100.00
- Associate Member (1 Year) - \$ 50.00
- Associate Member (2 Years) - \$ 100.00
- Member-at-Large (1 Year) - \$ 50.00

**Active Member:** A professional RN of Philippine ethnic origin.

**Associate Member:** A professional RN of Non-Philippine ethnic origin.

**Member-at-Large:** A professional RN residing in a state where a Local Chapter does not exist.

\* **Chapter/Additional Due: \$10**

\* **Sub-Chapter (If Applicable):**

\* **TOTAL DUE: \$60**

\* **Application Type:**  New Membership  Renewal

**Make the check payable to PNAVA, INC and mail to: 5404 Sweetwater Court Virginia Beach VA23462**

**For any Membership Application questions: Membership Chair Maria Alburo Email: [mcta59@icloud.com](mailto:mcta59@icloud.com)**

By signing below, I certify all information is true and correct to the best of my knowledge.

\* **Signature of applicant:**

Date:

PNAVA shall not discriminate against any applicant or member on the basis of race, creed, age, sex, sexual orientation, religion or handicap.

Note: - Once application is received and processed, the applicant will receive a registration confirmation via email. - An email will be sent to the applicant with instructions in creating unique ID Log-in Name (Email Address) and Password. This will provide access to visit For-Members-Only section in the website and to update profile/account settings. - Members-at-Large will need validation from the PNAVA Treasurer and Membership Committee prior to acceptance of the membership registration.