

PHILIPPINE NURSES ASSOCIATION OF ARIZONA, INC.

The Philippine Nurses Association of Arizona (PNAAZ) is a non-profit organization open to all Filipino-American nurses and healthcare individuals interested in utilizing professional leadership, mentorship and clinical expertise with the purpose of promoting advancement and betterment of nursing practice and fostering positive image in the community. Its mission is to support the principles of the Philippine Nurses Association of America (PNAA) and promote fellowship and unity among Filipino-American nurses in Arizona. Its goals and objectives are to welcome and develop a mentoring program for the newly relocated Filipino nurses, to provide professional enrichment among members through continuing education, scheduled conferences, and to participate in socio-cultural programs and activities of Filipino-American communities.

MEMBERSHIP REQUIREMENTS

Unencumbered and Active nursing license or pre-licensure status (nursing students & Philippine RNs)
Interest or involvement in any aspect of healthcare.

MEMBERSHIP TYPE PLS. SELECT ONE: **Initial** **Renewal**

MEMBERSHIP DUES Annual: \$75.00 Three Years: \$200.00

Associate and Student Nurses : \$25.00 (no voting privileges)

BENEFITS OF MEMBERSHIP For more information, log on to www.pnaaz.org

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| <ul style="list-style-type: none">• PNAAZ Newsletter• Educational activities, CE available• Networking• Cultural Enrichment | <ul style="list-style-type: none">• Reduced rates for PNAA and PNAAZ sponsored conferences and workshops• PNAA National Membership• Mentoring• Stewardship |
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APPLICANT'S PROFILE **Note: For Renewal only, please update information as appropriate**

Last Name: _____ **First Name:** _____ **MI:** _____

Nursing Degree: _____ **Add'l Degrees:** _____ **State of Licensure:** _____ **License # (Optional):** _____

Work /Organization: _____ **Dept:** _____ **Position:** _____

Work Address: _____

City/State/Zip: _____

Work Phone: (____) _____ **Work Fax:** (____) _____ **Work Email:** _____

Home Address: _____

Home Phone: (____) _____ **Home Fax:** (____) _____ **Home Email:** _____

Please send PNAAZ mailings to: **Work** **Home** **Pre-Licensure:** **Yes** **No**

Philippine City of Origin: _____ **Dialect:** _____

Pls. circle area(s) of interest: **Committee involvement** **Seminar Speaker** **Mentor** **Meeting Host** **Other**

Other Organizational Membership: _____

Please accept my application as completed. I understand my name may be included on the membership directory and on the distribution lists at the discretion of the Executive Board UNLESS checked here

Recruited by: _____ Signature: _____ Date: _____

Send application & check made payable to: **PNAAZ Membership Department**

Attn: Marinor Condes

21552 N. Geraldine Drive

Peoria AZ 85382

(623) 680-0111