



PNAO
PHILIPPINE NURSES ASSOCIATION OF OHIO, INC.

www.pnao.org

PNAO Mission: *To provide an organization that will uphold the image and foster the welfare of Filipino-American nurses as a professional group.*

PNAO / PNAA Membership Application / Renewal	
Date:	<input type="checkbox"/> New Member <input type="checkbox"/> Renewal Birthday: Month _____ Day _____
Name/Title:	
Address:	City, State, Zip:
Home Phone:	Cell Phone:
Work Phone:	Email:
Employer:	Fax:
Position/Specialty:	Certifications:
Nursing School / College(s):	
Degree(s):	Year Graduated:
Membership Fees: <input type="checkbox"/> New Member: \$30 <input type="checkbox"/> Annual: \$40 <input type="checkbox"/> Two Years: \$70 <input type="checkbox"/> Student: \$20 <input type="checkbox"/> Existing Lifetime Members: Annual: \$25 * Please Note: \$20 of the fee goes to the PNAA for Annual Renewal / \$5 to the Sunshine Fund	
Membership Category: <input type="checkbox"/> Active <input type="checkbox"/> Associate <input type="checkbox"/> Student Associate <input type="checkbox"/> Member-At-Large	
ACTIVE: Any professional registered, practical or vocational nurse of Philippine ethnic origin, who has been granted a license to practice in Ohio & who has paid the required membership dues.	
ASSOCIATE: Any professional registered, practical, or vocational nurse of non-Philippine ethnic origin, who has been granted a license to practice in the country of origin &/or Ohio & who has paid the required membership dues.	
STUDENT ASSOCIATE: Any nursing student who will be graduating during the year of membership and who has paid the required membership dues.	
MEMBER-AT-LARGE: Any professional registered, practical, or vocational nurse of Philippine ethnic origin, who has been granted a license to practice in any state or country and who has paid the required membership dues.	
Please check which PNAO Committee(s) you would be interested in assisting:	
<input type="checkbox"/> Bylaws	<input type="checkbox"/> Education
<input type="checkbox"/> Membership	<input type="checkbox"/> Budget & Finance
<input type="checkbox"/> Legislative	<input type="checkbox"/> Ways & Means
<input type="checkbox"/> Nominations & Elections	<input type="checkbox"/> Human Rights
	<input type="checkbox"/> Awards / Scholarships
	<input type="checkbox"/> Newsletter
	<input type="checkbox"/> Research
	<input type="checkbox"/> Practice
	<input type="checkbox"/> Website
	<input type="checkbox"/> Public Relations / Cultural Affairs
Additional Information Recruited By:	
Preference(s) to be reached:	<input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Post Office Mail
Amount Enclosed:	Make check payable to: PNAO, Inc.
Contact Person: Teresita Marasigan, PNAO Membership Chair Home Phone: (440) 232-9606 Email: tcmarasigan@yahoo.com	Mail application and check to: Teresita Marasigan,, PNAO Membership Chair 26345 Cambridge Dr. Oakwood Village, Ohio 44146
For Office Use Only ~ Please Do Not Write Below This Line	
<input type="checkbox"/> Date Payment Received:	<input type="checkbox"/> Treasurer / Secretary
<input type="checkbox"/> Date Membership Card Issued:	<input type="checkbox"/> Officers / Committees Updated
<input type="checkbox"/> Thank You Sent	<input type="checkbox"/> Roster Updated
Processed By:	