

## PHILIPPINE NURSES ASSOCIATION OF CENTRAL CALIFORNIA

Chapter Member of the Philippine Nurses Association of America (PNAA) 2788 West Alluvial Avenue

Fresno, California 93711

## **PNACC** Membership Application

Name: (I	PRINT)
*Birthday	: (Year optional)
*Home A	ddress
Tel.: Ho	me
E-mail:	
Business A	Address: ( optional)
Business [	Γelephone: ( optional) Work Shift:
Basic Nu	rsing School/Year graduated:
Highest	Nursing /Other Degrees obtained
	ractice: Acute Care/Hosp Long Term EducationSkilled Care Other/s _
	* Membership Status: (Please check one)
	NewRenewal Referred by:         RegularAssociate HonoraryStudent (Nursing)Auxilliary
	PNACC Committees: Please choose committee/s you wish to serve:
	Membership Constitution & By-Laws Education/Scholarship By-Laws/ Legislative
	Ways & Means/Budget & FinanceWebsite/NewsletterSocialArchivesAwards
	Nomination & Election Practice and Research Human Rights/ Sunshine Public Relations
ote: * Requi	red information.
Regui	Annual dues; January to December: Please make check payable to PNACC. lar \$ 50.00 for one year; Associate \$ 45.00;. Student Nurse \$15.00 (PNACC Only)  Auxiliary – None; (Note - \$ 40.00 of the membership fee is for PNAA except Student)

Please mail completed application and check to:

Cecile Utleg, BSN, RN
PNACC Membership Chairman
PMB 240, 1099 E. Champlain Drive
Fresno, California 93720