

## **MEMBERSHIP/RENEWAL FORM**

All members of I	PA-PNA a	are required	to complete	e this registr	ation form. Indicate ar	ny changes; Membership				
runs from Septe	mber I,	2019-Augu	ust 31, 2020	0.						
NEW MEMBERSHIP ☐ RENEWAL ☐ Changes for directory or membership?										
SECTION 1: MEM	IBER CON	ITACT INFO	RMATION	_	-					
TITLE	□Mr	□Mrs	☐Miss	□Ms						
NAME										
ADDRESS I					School Name					
ADDRESS 2										
ADDRESS 3										
TOWN/CITY					Telephone #					
ZIP CODE					PRIMARY EMAIL					

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS
PLEASE VISIT THE PA-PNA WEBSITE FOR A COMPLETE DESCRIPTION OF EACH MEMBERSHIP.

https://www.pa-pna.org/membership

JOB TITLE:

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership requires an individual to be a Dean, Director, Chair or Coordinator of a Practical Nursing Program in the Commonwealth of Pennsylvania. Assistant Deans, Directors, Chairs or Coordinators will also be considered for membership. Full members also have the privilege of having their faculty members attend the educational conferences.	\$125	
LIFETIME	Lifetime Membership is open to previous members who have retired yet would like to maintain membership in the organization. Life members can attend conferences and meetings but cannot hold office, make motions or vote.	\$0	
HONORARY	Honorary membership is available for those who have demonstrated an interest in practical nursing advocacy and education. These members are nominated and voted for membership by Full members.	\$0	
ASSOCIATED	Associated membership is available to a Dean, Director, Chair or Coordinator of a Practical Nursing Program and, if applicable, the Assistant Deans, Directors, Chairs or Coordinators outside of the Commonwealth of Pennsylvania. This member can address issues but cannot vote.	\$93.75	
PAYMENT METHOD	Personal Check Institutional Check		<u> </u>

SECTION 3: PAYMENT Please submit Payment by September 1, 2019

The only method of payment at this time is check by mail.

Please make check payable to Pa-PNA

Send to: PA-PNA c/o Lisa Balint,Treasurer

261 Coolspring Jumonville Rd Hopwood, PA 15445