



# Membership Form

## Classifications of Membership

- **Active Member \$75:** An active member is a professional registered nurse committed to the advancement of public health nursing. Member privileges shall include all rights and benefits of the Association.
- **Affiliate Member \$45:** An affiliate member is a nursing student or other allied health professional who is committed to the advancement of public health nursing. Member privileges shall include all rights and benefits of the Association, except the right to vote and to hold an office.
- **Retired Member \$0:** An active retired member is a retired professional registered nurse committed to the advancement of public health nursing. Member privileges shall include all rights and benefits of the Association.
- **Friends \$500:** Friends of the Association are individuals, businesses, and organization who are committed to the advancement of public health nursing. Member privileges shall include all rights and benefits of the Association, except the right to vote and to hold an office.

## Membership Policies

- A dues payment is for membership for one year.
- Memberships are valid for **either** of the following time periods, depending on the date of registration, and are not prorated.
  - January 1 - December 31 or
  - June 1 - May 31
- Dues paid with the fall conference registration will carry over for the next full calendar year (Jan. 1 – Dec. 31).

Name \_\_\_\_\_ Credentials (ie: M.D., R.N., etc) \_\_\_\_\_

I have recently changed my name, and my previous name was: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

I was recruited to join by (if applicable) \_\_\_\_\_

Please indicate type of membership: Active \_\_\_\_\_ Affiliate \_\_\_\_\_ Retired \_\_\_\_\_ Friends \_\_\_\_\_

I would also like to make a donation in the amount of \$ \_\_\_\_\_ to the Leslie Groy Scholarship Fund.

Total Enclosed: \$ \_\_\_\_\_

Please make check payable to: PHNAC

**Mail this page and a check to:**  
**PHNAC**  
**800 Grant Street, Ste 335**  
**Denver, CO 80203**