



FILIPINO AMERICAN NURSES ORGANIZATION OF GRAND CANYON STATE

Membership Application Form

MISSION

Filipino American Nurses Organization of Grand Canyon State is a professional nursing organization that focuses on the professional development of its members and offers community service, locally and globally.

MEMBERSHIP REQUIREMENT

- Any unencumbered professional nurse or associate who will uphold the mission and vision of the organization.

Membership Type & Dues: Initial Membership Renewal

General Members: Filipino-American Registered Nurses with active Arizona license.

\$50 1 year \$125 3 Years

Member-at-Large: (Registered Nurses with active license outside of Arizona, non-Philippine descent Registered Nurses. May have voting privileges, but may not hold an office.)

\$50 1 year \$125 3 years

Associate Members: Retired Nurses, LPN, LVN, pre-NCLEX Nursing graduates, Student Nurses, Allied health professionals, non-practicing nurses. No voting privileges.

\$25 1 year

Note: Yearly membership will expire 12 months from the date payment was received.

BENEFITS OF MEMBERSHIP For more information, please check website FANOGCS.org

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| <ul style="list-style-type: none"> Educational conferences and activities Discounted rates for FANOGCS sponsored conferences and workshops | <ul style="list-style-type: none"> Scholarship opportunities Networking Leadership development and opportunities Volunteer opportunities. Medical missions |
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APPLICANT'S INFORMATION Note: For Renewal, please update necessary changes below.

First Name: _____ Last Name: _____ Birthday: ___ / ___ (mm/dd)

Contact Number: _____ Email address: _____

Home Address: _____ City: _____ Zip Code: _____

Highest Nursing Education: _____ Credentials: _____

License # (if applicable) _____ State of Licensure: _____

Employer: _____ Work Setting: _____ Practice Area: _____

Other Organizational Membership _____

How did you hear about us? _____

YES () NO () I consent to be included in the contact list for events and correspondence.

YES () NO () I give permission to have photos taken during events and use them for publication in Newsletter and FANOGCS social media.

This is to certify that the above information is correct to the best of my knowledge, and my application is completed.

Signature _____ Date _____

Recruited by: _____

*For every recruit, a \$5 voucher will be given to the recruiter, redeemable for membership fee or event registration within 2 years.

Please send completed form by email to info@fanogcs.org or mail Application form and a check payable to FANOGCS with a memo: Membership Fee to: FANOGCS: P.O. Box 1775, Higley, AZ 85236-1775 or Zelle to info@fanogcs.org