



# 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, or non-Philippine descent Registered Nurses. May have voting privileges, but may not hold an office.

\$50 / 1 year       \$125 / 3 years

**Retired RN Members:** Filipino American descent retired registered nurses who currently hold or have held a nursing license, but are no longer actively working in any field of nursing. Have all the rights and privileges of General Membership.  \$25 / 1 year

**Associate Members:** 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

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| <ul style="list-style-type: none"><li>Educational conferences and activities</li><li>Discounted rates for FANOGCS sponsored conferences and workshops</li></ul> | <ul style="list-style-type: none"><li>Scholarship opportunities</li><li>Networking</li><li>Leadership development and opportunities</li><li>Volunteer opportunities. Medical missions</li></ul> |
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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? \_\_\_\_\_

Committee Interested in Joining:  Community Service  Membership  Education  Scholarship  
 Bylaws  Newsletter and Website  Public Policy  Ways and Means

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](mailto: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](mailto:info@fanogcs.org)