



FAITH COMMUNITY NURSES ASSOCIATION MEMBERSHIP APPLICATION

Date: _____

Applicant/Organization Representative/Credentials _____

Employer/Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Website _____

Work Phone _____ Fax _____

Active Faith Community Nurse: Yes No Paid Unpaid Birthday _____

Denomination _____

Faith Community _____

Membership:

- Regular: Registered nurses eligible for licensure in the state of Oklahoma \$50. Full membership benefits.
- Associate: Health ministers and other professionals \$25. All membership benefits except voting.
- Affiliate: Organizations which promote faith community nursing in Oklahoma \$150. One vote and all other membership benefits.

Annual membership fees are due at the October Quarterly Membership meeting. Payment should be accompanied by a completed membership form. Forms and checks may be mailed to:

Marilyn Whitson (Treasurer)
502 N. Douglas St.
Jenks, Ok 74037