



FAITH COMMUNITY NURSES ASSOCIATION MEMBERSHIP APPLICATION

Date: _____

Applicant/Organization Representative/Credentials _____

Employer/Organization _____

Title/Specialty/Position in the 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 _____

On what community organizations/committees do you serve (Turning Point, SafeKids, ONA): _____

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:

Maria Avers (Treasurer)
820552 S. 3320 Road
Wellston, OK 74881