Faith Community
NURSE ASSOCIATION OF OKLAHOMA

MEMBERSHIP APPLICATION

Date:_____ **You may publish my information among members only Yes ☐ No ☐

Applicant/Credentials_____

Employer _____

Title/Specialty/Position _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Work Phone _____ Fax _____

Active Faith Community Nurse: No ☐ Yes ☐ Paid ☐ Unpaid ☐ # hrs/wk _____

Denomination _____

Faith Community _____

Membership:

☐Regular: Registered nurses eligible for licensure in the state of Oklahoma $75 (License not necessary only eligibility). Full membership benefits.

☐Associate: Health ministers and other professionals $35. All membership benefits except voting.

☐FCNA OK is a *501c3 entity* and is thus able to accept tax deductible donations. I would like to make an additional contribution to FCNA OK in the amount of $_____. Thank you for your donation.

Annual membership fees are due in January but no later than Feb.15th to continue receiving benefits. Membership year is calendar year. Payment should be accompanied by a completed membership form. Forms and checks may be mailed to:

FCNA OK Treasurer, Attn: Lana Bolhouse, 14209 SE 75th, Oklahoma City, OK 73150, 405-655-5933, fcnaok@gmail.com

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