



The Jamaica Nurses' Association of Florida, Inc. MEMBERSHIP APPLICATION

OFFICE USE ONLY
<i>Date Received:</i> _____
<i>Fee:</i> _____
<i>Officer:</i> _____

PERSONAL INFORMATION

Please print legibly or type

Mr. Mrs. Miss

Full Name:

Address:

(Number and Street)

(City, State and Zip Code)

Telephone No:

Date of Birth:

Organization/Employer:

License No:

Work Phone No:

MEMBERSHIP INFORMATION

Please Check One:

New Member

Renewal

Student

Rejoin**

Retired

PLEASE NOTE: Membership Fee - \$60.00 Students: Free Membership Retired Fee - \$35.00
Rejoin means that one's membership has expired greater than 2 years
Make checks payable to: **The Jamaica Nurses Association of Florida, Inc.**



**The Jamaica Nurses' Association of Florida, Inc.
MEMBERSHIP APPLICATION CONT'D**

HIGHEST DEGREE EARNED

Diploma Associates Bachelors Masters Doctorate

Other (please indicate)

COMMITTEE(S) OF INTEREST

Project Public Relations Social Education

Choir Membership Building

I am unable to be a member at this time, but please accept my donation of:

\$10.00 \$20.00 \$30.00 Other:

Please include me on your mailing list

Email Address:

Please make checks payable to: The Jamaica Nurses Association of Florida, Inc.

THE JAMAICA NURSES' ASSOCIATION OF FLORIDA, INC
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