

Chinese Nursing Association of Houston



Membership Application

Contact Information

Name	Last: Chinese Name:	First:	Other name used:
Credential			
Street Address			
City ST ZIP Code			
Home Phone			
Cell Phone			
E-Mail Address			

Employment Information

Employer Name	
Employer Address	
Position	

Type of Membership

Active Retired Student

Agreement and Signature

By signing this application, I affirm that I will commit to follow the mission and vision of the organization and the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in advancing health awareness as well as promoting nursing career in the Chinese community.

Official Use Only

HCNA #	
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