



Membership Application

PLEASE COMPLETE AND RETURN TO HAWAII NURSES ASSOCIATION

DATE _____

LAST NAME FIRST NAME MIDDLE INITIAL

HOME ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE E-MAIL ADDRESS

PRIMARY EMPLOYER: _____ EMPLOYMENT STATUS

POSITION/TITLE: _____ FULL TIME

EMPLOYER ADDRESS: _____ PART TIME

_____ PER DIEM

PRACTICE SETTING/UNIT _____

_____ OR _____
RN LICENSE No. SOCIAL SECURITY No. (*Confidential for Internal use only*)

MEMBERSHIP DUES

Amount varies by job status please consult the HNA office.

METHOD OF PAYMENT: PAYROLL DEDUCTION- You must sign a separate dues deduction authorization form, please call the HNA office if you do not have one at 808-531-1628.

CHECK OR MONEY ORDER – Mail payment to HNA (Membership Services).

I, the undersigned, do hereby apply for membership in the Hawaii Nurses Association and agree to be bound by its Constitution and By-Laws.

SIGNATURE OF APPLICANT

DATE

DUES ARE TAX DEDUCTIBLE UNDER PROVISIONS OF THE INTERNAL REVENUE SERVICE.