Hawai'i Nurses' association

The Voice That Makes The Difference

FOR CHANGE OF ADDRESS:

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: _____

POSITION/TITLE: _____

EMPLOYER ADDRESS: _____

_____

PRATICE SETTING/UNIT _____

EMPLOYMENT STATUS

☐ FULL TIME

☐ PART TIME

☐ PER DIEM

_____ OR _____

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

SIGNATURE DATE

677 Ala Moana Blvd., Suite 301 Honolulu, HI 96813 Phone: (808) 531-1628 Fax: (808)524-2760 www.hawaiinurses.org

An Affiliate of the American Nurses' Association and United American Nurses

Neighbor Island Call: 1-800-486-8550