Haitian American Nurses Association *of* Rockland County, NY

H.A.N.A.

P.O. Box 263 • Spring Valley, NY 10977
www.hanarocklandcounty.org

MEMBER INFORMATION

First Name:	**MI:**	**Last Name:**
Address:		
City:	**State:**	**Zip Code:**
Home Phone:	**Cell Phone:**	
Email:	**Birthday:** _____ /_____ **Month & Day**	**Gender:** ❑ **M** ❑ **F**

TYPE OF MEMBERSHIP (check one below)

- ☐ New Member
- ☐ Returning Member (check one) ❑ Nurse / ❑Associate
- ☐ Associate Member
- ☐ Student Member

PAYMENT TYPE

❑ CASH ❑ CHECK #_____ $100 Annually

ENROLLMENT DATE

Name College /School Enrolled: _____

Recruited by: _____

PROFESSIONAL INFROMATION:

☐ LPN ☐ RN ☐ NP ☐ CNM ☐ DNP ORTHER CREDENTIALS: _____

ASSOCIATE MEMBERS CREDENTIALS: _____

AREAS OFPRACTICE (check all that apply)

❑ Addiction	❑ Education	❑ Medical/Surgical	❑ Rehabilitation
❑ Administration	❑ Emergency Trauma	❑ OB/GYN	❑ School Nursing
❑ Ambulatory	❑ Gerontology	❑ Occupational Health	❑ Theory/Research
❑ Anesthesia	❑ Holistic	❑ Oncology	❑ Transport
❑ Community Health	❑ Home Health	❑ Pediatric	❑ Travel Nursing
❑ Critical Care	❑ Hospice	❑ Post Anesthesia	❑ Wound/IV Care
❑ Dialysis	❑ Maternal/L&D	❑ Psych/Mental Health	❑ Other _____

COMMITTEE (S) OF INTEREST s) (check all that apply

❑ By Laws	❑ Grant/Marketing	❑ International Affairs	❑ Newsletter
❑ Education	❑ Health Fair	❑ Legislative/Grant	❑ Public Relations
❑ Gala /Fundraising	❑ Hospitality	❑ Medical Mission	❑ Recruitment & Retention

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