



THE STUDENT'S ASSOCIATION: Affiliate of National Association of Hispanic Nurses

Promoting Hispanic Nurses to Improve the Health of Our Communities

Student Membership Application and Change of Information Form

Welcome to the community of nursing! We commend your decision to pursue a career in nursing.

FORM SUBMISSION IS FOR:

- New Membership Membership Renewal (ID Number) _____ Changes/Updates to your membership (no payment necessary)

NATIONAL MEMBERSHIP CATEGORIES

- Nursing Student Membership** \$40 → For Hispanic/Latino/a students enrolled in a RN, LPN/LVN program leading to licensure. **PROOF REQUIRED - Current transcript or letter from nursing program.**
- Prenursing Student Membership** \$15 → For Hispanic/Latino/a students enrolled in prenursing classes at a college or university.
- High School Membership** \$5 → For Hispanic/Latino/a students enrolled in high school.

Name: First _____ Middle _____ Last _____ Credentials: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____ Country: _____

Home/Cell phone: _____ Home Fax: _____ Home E-mail: _____

Current College/University/High School: _____

Degree Sought: _____ Estimated Graduation Date: _____ HS Academic Year: _____

School Address: _____ Ethnicity: _____

City: _____ State: _____ Zip: _____ Country: _____

Please sign and return this form along with any other required documentation and your remittance. If you are High School Student or under the age of 18 must have a parent signature/parent consent.
All membership applications must be signed below to comply with postal regulations.

Signature: _____ Date: _____

METHOD OF PAYMENT

- Visa MasterCard American Express
- Check or Money Order made payable to NAHN (Return check fee is \$35)

Card No.: _____ Exp. Date (MM/YY): _____

Cardholder's Name: _____

Signature: _____

AMOUNT ENCLOSED

Nursing Student Membership Dues (\$40):	\$ _____
Pre Nursing Student Membership Dues (\$15):	\$ _____
High School Student Membership Dues (\$5):	\$ _____
Total Enclosed:	\$ _____

LOCAL CHAPTERS*

**National membership is required to join a chapter*

LOCAL CHAPTER SELECTION: _____

ARIZONA Yuma (Angeles del Deserto) Tucson Phoenix (Valle del Sol)	COLORADO Denver	ILLINOIS Illinois	NEVADA Las Vegas	RHODE ISLAND Ocean State
ARKANSAS Arkansas	DELAWARE Delaware	KENTUCKY Kentucky	NEW JERSEY New Jersey	TEXAS Dallas
CALIFORNIA Greater San Jose Imperial Valley Los Angeles Orange County San Bernadino (Inland Empire) San Diego San Francisco Bay Area	DISTRICT OF COLUMBIA Washington DC	MASSACHUSETTS Massachusetts	NEW YORK New York	Houston San Antonio
	FLORIDA Broward County Greater Orlando Miami	MICHIGAN Michigan	NORTH CAROLINA North Carolina	WASHINGTON Eastern Washington
	GEORGIA Atlanta Savannah	MISSOURI Kansas City (Corazon de la Tierra)	OREGON Portland	WISCONSIN Southeastern WI
		NEBRASKA Nebraska	PENNSYLVANIA Philadelphia	
			PUERTO RICO Puerto Rico	

Please mail application, letter from the nursing office and payment to:

1050 Seventeenth Street, N.W., #510 • Washington, DC 20036 • Phone: 202/387-2477 • Fax: 202/483-7183
E-Mail: info@thehispanicnurses.org • Website: TheHispanicNurses.org