



H.A.N.A.

Haitian American Nurses Association Hudson Valley New York, Inc.
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845-327-7360

Email: Info@hanahudsonvalley.org
Website: www.Hanahudsonvalley.org

Date:

Please print or type

MEMBERSHIP APPLICATION INFORMATION			
First Name:	MI:	Last Name:	
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Cell Phone:		
Email:	Birth Day: ____ / ____ Month & Day	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
TYPE OF MEMBERSHIP (check one below) <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member (Circle one) Nurse / Associate <input type="checkbox"/> Associate Member (Non-Nurses) <input type="checkbox"/> Student Member Name College /School Enrolled: _____			
PAYMENT TYPE CASH <input type="checkbox"/> CHECK <input type="checkbox"/> # _____ \$125 Annually Electronic Payment <input type="checkbox"/> CashApp Zelle Venmo Paypal (Circle One)		ENROLLMENT DATE: ____/____/____ Blouse Size: (circle one) S M L XL XXL (Separate Cost)	
RECRUITED BY: _____		T-Shirt Size: (circle one) S M L XL XXL (Included in Membership)	
PROFESSIONAL INFORMATION: <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/> MSN <input type="checkbox"/> DNP <input type="checkbox"/> PHD OTHER CREDENTIALS: _____ All new members must submit a professional headshot photo. Please speak to one of the Board Members for details.			
License# _____		ASSOCIATE MEMBERS CREDENTIALS: _____	
<small>*HANA Hudson Valley New York, Inc. reserves the right to verify all nursing license through the NY State Education Department Office of Professions upon application submission by all Nursing Professionals.</small>			
AREAS of EXPERTISE (check all that apply) <input type="checkbox"/> # Years as Nurse: _____			
<input type="checkbox"/> Addiction	<input type="checkbox"/> Administration	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Anesthesia
<input type="checkbox"/> Case Management	<input type="checkbox"/> Community Health	<input type="checkbox"/> Critical Care	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Education	<input type="checkbox"/> Emergency Trauma	<input type="checkbox"/> Forensic Nurse	<input type="checkbox"/> Gerontology
<input type="checkbox"/> Holistic	<input type="checkbox"/> Home Health	<input type="checkbox"/> Hospice	<input type="checkbox"/> Legal Nurse Consultant
<input type="checkbox"/> Medical Surgical	<input type="checkbox"/> Maternal Child	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Oncology
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Post Anesthesia	<input type="checkbox"/> Psych/Mental Health	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> School Nurse	<input type="checkbox"/> Telehealth Nurse	<input type="checkbox"/> Theory/Research	<input type="checkbox"/> Transport Nurse
<input type="checkbox"/> Travel Nursing	<input type="checkbox"/> Wound/IV Care	<input type="checkbox"/> Other _____	<input type="checkbox"/> Certifications: _____
<input type="checkbox"/> # Years in specialty: _____			
COMMITTEE (S) OF INTEREST (check all that apply)			
<input type="checkbox"/> Budget	<input type="checkbox"/> Education Scholarship/Awards	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Gala/Fundraising
<input type="checkbox"/> Governance	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Hospitality	<input type="checkbox"/> International Affairs
<input type="checkbox"/> Leadership Succession	<input type="checkbox"/> Marketing/Social Media	<input type="checkbox"/> Medical Mission	<input type="checkbox"/> Membership Recruitment
<input type="checkbox"/> Mentorship	<input type="checkbox"/> News Letter/Organization History & Purpose	<input type="checkbox"/> Outreach	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Research/ Grants/Legislative	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Symposium	
Internal Use Only: <input type="checkbox"/> License Verified <input type="checkbox"/> Roster Updated <input type="checkbox"/> Welcome Package Sent <input type="checkbox"/> ID Printed Given & # _____ <input type="checkbox"/> T-Shirt Given			