



Philippine Nurses Association

MEMBER OF THE INTERNATIONAL COUNCIL OF NURSES

Main Chapter: Weisshau 4b
CH-8050 Zurich

Membership Form

(Please print clearly)

Name: _____ First Name: _____

Maiden Name: _____

Date of Birth: _____ Citizenship: _____

Civil Status: _____ Husband's Name: _____

School of Nursing Graduated from: _____

_____ Year: _____

Philippine Address: _____

Current Address: _____

Telephone: _____ Mobile: _____

Hospital/Working Address: _____

Yearly Membership Fee: CHF 50 (fifty Swiss francs only)

Place and Date

Signature