

ADULT FAMILY HOME NURSES ASSOCIATION MEMBERSHIP APPLICATION

Welcome to the Adult Family Home Nurses Association. In this document you will find a membership application and information important to your membership. Please read the information carefully, then complete the application, attach your check, and mail to AFHNA. Membership in AFHNA is limited to RNs and LPNs working in or with Adult Family Homes.

AFHNA CONTACT INFORMATION

Mailing Address: AFHNA
 PO Box 273
 Bothell, WA 98041

Website: www.afhna.org

CHANGES TO YOUR MEMBERSHIP INFORMATION

If any of the following changes occur during your membership, notify AFHNA by e-mail:

1. Change in Name, Address, Phone Number and/or e-mail address.
2. Loss or Retirement of RN or LPN License.

PAYMENT INFORMATION

Annual dues (Please check which applies):

- \$200/year
 Students: \$50/year—*must already be an RN or LPN*
 Retired Nurses: \$25/year

PLEASE FILL OUT ALL INFORMATION LISTED BELOW;

Name: _____

Name as it appears on your Washington State RN License: _____

Address: _____

Email: _____ Phone Number: _____

Circle area(s) where you work in the AFH Industry: Provider, Delegator, Assessor, Placement Specialist, Educator, Consultant, Hospice, Home Health, L&I, State Oversight, Ombudsman

I agree to support the Ethics and Goals of the Adult Family Home Nurses Association.

Signature _____

Printed Name _____

Date _____