

AFHNA MEMBERSHIP RENEWAL

Thank you for being a member of AFHNA. This document is your annual renewal form. Please read the information carefully, then complete the form, 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/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

Payment is by check only.

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
Other: _____

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

Signature _____

Printed Name _____

Date _____

If Student, program where enrolled: _____

PLEASE FILL OUT INFORMATION BELOW IF ANYTHING HAS CHANGED IN THE LAST YEAR

Name: _____

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

Address: _____

Email: _____ Phone Number: _____