



NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA (NAINA)

P.O. Box # 3002, Northlake, Illinois - 60164

www.nainausa.com

Virtual Membership Application Form

Application Date: _____ File Number (Official Use Only): _____

Membership Type (Check all that apply): RN New Member Membership Renewal
 10 year Term Life

Name: _____
Last Name First Name MI

Address: _____
Number/ Street Name City State Zip Code

Phone Number: (____) _____ (____) _____ (____) _____
Home Cell Work

E-mail Address: _____ Place of Employment: _____

Position: _____ Area of Specialty: _____

Basic School/ College of Nursing Attended: _____

Ethnicity: Asian Indian Asian Indian descent Other (please specify) _____

Highest Degree of Education: Diploma BSN BS MS MSN Doctorate

* You may not qualify for direct individual NAINA membership if there is an Indian Nurses Association in the State you are licensed and practicing. If you reside in CT, GA, IL, MI, FL, NJ, NY, NC, PA, TX, MD and OK, let us connect you to the local chapter. Please contact Mary Abraham at sapabraham@yahoo.com for local chapter information. If you still wish to continue as a Virtual Chapter member, please be aware that at a later time if you want to transfer your membership to the local chapter, only part of the membership fee will be transferred. Your signature below indicates that you are hereby agreeing to the terms above and will uphold the mission, vision and bylaws of NAINA.

Please return the completed form along with a check for a fee of **\$300.00 payable to NAINA** for lifetime membership (valid for ten years). Mail to: **Treasurer, NAINA, 1338 Hatcher Loop Dr. Brandon, FL 33511**

For student and Associate membership fee, contact us at www.nainausa.com. Your signature below indicates that you are hereby agreeing to uphold the mission, vision and bylaws of NAINA.

Signature of the Prospective Member: _____ Date: _____

OFFICIAL USE ONLY

Application/Fee Received On : _____ Membership Approved: Yes ___ No ___

Name of the official

Signature

Date