

## GROUP MEMBERSHIP DUES

Discounted memberships are available for three or more members of the same program joining/renewing at the same time. One membership will be waived for every three full memberships paid, e.g., if four nurses (active membership) from one program join/renew the FMRNA only three will pay membership; the fourth person is free.

### **#1 NAME**

TITLE/POSITION \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
LENGTH OF TIME WITH RESIDENCY PROGRAM \_\_\_\_\_  
PREVIOUS EXPERIENCE \_\_\_\_\_  
SPECIAL INTERESTS \_\_\_\_\_  
NEW MEMBERSHIP \_\_\_\_\_ OR RENEWAL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### **#2 NAME**

TITLE/POSITION \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
LENGTH OF TIME WITH RESIDENCY PROGRAM \_\_\_\_\_  
PREVIOUS EXPERIENCE \_\_\_\_\_  
SPECIAL INTERESTS \_\_\_\_\_  
NEW MEMBERSHIP \_\_\_\_\_ OR RENEWAL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### **#3 NAME**

TITLE/POSITION \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
LENGTH OF TIME WITH RESIDENCY PROGRAM \_\_\_\_\_  
PREVIOUS EXPERIENCE \_\_\_\_\_  
SPECIAL INTERESTS \_\_\_\_\_  
NEW MEMBERSHIP \_\_\_\_\_ OR RENEWAL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### **#4 FREE NAME**

TITLE/POSITION \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
LENGTH OF TIME WITH RESIDENCY PROGRAM \_\_\_\_\_  
PREVIOUS EXPERIENCE \_\_\_\_\_  
SPECIAL INTERESTS \_\_\_\_\_  
NEW MEMBERSHIP \_\_\_\_\_ OR RENEWAL \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_