

HMA Membership Form FCN Educator Discount Version

List Credentials:	*FCN Educator Name (Prir	าt)		Sign	ature	Date
List Credentials:	Denotes required data					
List Credentials:						
PRINT:				Title		
*ADDRESS: Street or P. O. Box, incl. apartment # City State Zip						
*ADDRESS: Street or P. O. Box, incl. apartment # City State Zip	*PRINT:			First Name		NASARIA LANCAL
*ADDRESS: Street or P. O. Box, incl. apartment # City State Zip MEMBERSHIP CATEGORY: (Check top 2 Membership Categories & Circle either 1st or 2nd for each) Z (Choose top 2)						
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Circle (Primary or Secondary) Faith Community Nursing State of Nursing Licensure: Health Ministry State of Nursing Licensure: Program Leadership Spiritual Leadership Spiritual Leadership State of Nursing Licensure: Other Spiritual Leadership Spiritual L						er 1 st or 2 nd for each)
Faith Community Nursing			-	· -		,
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COCATION OF PRACTICE: (i.e. List the Primary and Secondary Organization/Faith Community Name) 2 pnd	Other	1 st	2 nd			
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*FAITH GROUP: (Check one and list Denomination/Sect) Christian D/S Hindu D/S Jewish D/S Muslim D/S Other D/S *(Please check) I Understand that HMA will send me information and activities related to HMA. *EES: FCN FOUNDATION COURSE DISCOUNT \$85.00 *Payment Type: Check/Cash Money Order Credit Card (Circle) Visa, Mastercard, Discover, AmExpress Name on Card #						··· • • • • • • • • • • • • • • • • • •
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Name on Card #	FEES: FCN FOUNDATION	COURS	E DISCO	UNT \$85.00		
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