



Pambansang Samahan ng mga Narses ng Pilipinas – UK

(Philippine Nurses Association – United Kingdom)

Accredited Professional Organization by the Philippine Nurses Association Manila Head Office and the Professional Regulations Commission

MEMBER DETAILS: ORIGINAL

Surname: _____
 First name: _____
 Middle name: _____
 Date of Birth: (dd/mm/yyyy) _____

MAILING/ COMMUNICATION DETAILS IN THE UK

Current Postal Address: _____
 Town: _____ County: _____
 Email: _____ Post Code: _____
 Mobile number: _____ Landline number: (_____) _____

PHILIPPINE DETAILS:

Address in the _____
 Philippines: _____

EDUCATIONAL / PRC DETAILS:

School/ University/ College of Nursing: _____ Year Graduated: _____
 Highest educational attainment: GN BSN MSN/ MAN Ph.D. Others: _____
 PRC ID Number: _____ PRC Expiry Date: _____

BENEFICIARY DETAILS

Name of Beneficiary: _____
 Relationship: Spouse Father Mother Sister/ Brother Children Other _____
 Postal Address: _____
 Contact number: _____

UK WORK DETAILS:

Name of Hospital/ NHS/: _____
 Department/ Area of Work: _____ Position: _____
 Full Address of Employer: _____

I hereby certify that I voluntarily enlist myself as a member of the **Philippine Nurses Association – United Kingdom** and that I also voluntarily have paid/ will pay my PNA-UK membership dues to be considered a member of good standing. I hereby agree to abide by the Association's Constitution, By-Laws, and Rules and to always represent the Filipino Nurses in the highest standards of current Nursing Practice.

Signature: _____ Date: _____

For PNA-UK Use Only:

PNA-UK ID number: _____ By: _____
 OR#: _____ Date: _____
 Membership Status: Regular £ 5.00/year Lifetime £ 15.00 Associate £5.00/year Honorary