



# 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