CAPE VERDEAN NURSES ASSOCIATION

MEMBERSHIP FORM

Cape Verdean Nurses Association
P.O Box 4172
Dedham, MA 02027
(508) 327-5646
cvnursesassociation@gmail.com
www.cvnurses.org

INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Credentials: _____

ADDRESS

Address: _____

City: _____State: _____

Zip/Postal Code: _____

Phone: _____

Email: _____

CHOOSE YOUR MEMBERSHIP CATEGORY MEMBERSHIP

Regular (RNs only)	☐ $100
Student	☐ $50

PAYMENT INFORMATION

I have enclosed a check or money order in the amount of $_____

Make check payable to CVNA and mail your check to P.O. Box 4172, Dedham, MA 02027

Card: O Visa O MC O AmEx
O Discover

Exp Date: _____/_____

Card Number: _____

CVVC: _____

Name as it appears on card:

_____

Cardholder signature:

_____

Cardholder phone:

_____

A Healthy Community is a Stronger Community

The Cape Verdean Nurses Association collects professional demographic information of its member to better use the value all members bring to our association.

Primary Position *(select one)*

- ☐ Academic Educator
- ☐ Case Manager
- ☐ Clinical Nurse Specialist
- ☐ Director
- ☐ Manager/Coordinator
- ☐ Nurse Informaticist
- ☐ Nurse Navigator
- ☐ Nurse Practitioner
- ☐ Nurse Scientist
- ☐ Patient Educator
- ☐ Quality Improvement
- ☐ Staff Educator
- ☐ Staff Nurse/Nurse Clinician
- ☐ VP/CNO
- ☐ Other: _____

Specialty

- ☐ Adult
- ☐ Pediatric
- ☐ Neonatal

Primary Setting *(select one)*

Inpatient

- ☐ Medical/Surgical Unit
  Specialty: _____
- ☐ Intensive Care Unit
  Specialty: _____
- ☐ Operating Room
- ☐ PACU
- ☐ Emergency Department
- ☐ Labor & Delivery
- ☐ Psychiatric/Mental Health
- ☐ Radiology
- ☐ Renal/Dialysis
- ☐ Other: _____

Outpatient

- ☐ Emergency/Urgent care
- ☐ Hospice
- ☐ Hospital Base Clinic
- ☐ Clinic
- ☐ Renal/Dialysis
- ☐ Rehabilitation
- ☐ Nursing Home
- ☐ Visiting Nurse
- ☐ Other: _____

Years of Experience:

Nursing _____

Current Nursing License *(select one)*

- ☐ APRN/CNS
- ☐ APRN/NP
- ☐ LVN/LPN
- ☐ RN
- ☐ None

Year Earned _____

Highest Degree Earned (select one)

Nursing

- ☐ Associate
- ☐ Bachelor's
- ☐ Diploma
- ☐ DNP
- ☐ Master's
- ☐ PhD/DNSc
- ☐ None

Are you a full-time student currently working toward your RN license?

- ☐ Yes
- ☐ No

School of Nursing:

_____

Expected Graduation Date:

_____

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