Verband philippinischer diplomierter Gesundheits- und Krankenpflegender – Österreich
(Pambansang Samahan ng mga Nars ng Pilipinas – Austria)
Austria Chapter of PNA, Inc.
Spallartgasse 3/44, A-1140 Wien
www.pna-austria.com

Membership Application / Renewal Form

☐ New Recruited by: _____ ☐ Renewal

Family name: _____Middle name _____ First name: _____

Date of Birth: _____Place of Birth: _____Civil Status _____

Address: _____ PLZ _____

Tel.nos: Home: _____cell:_____work: _____

E-mail:_____year of arrival in Austria_____Citizenship _____

Alma Mater: _____ Year Graduated: _____

Employment Records in Austria:
Name/Place of employment Inclusive years

Present- _____ _____

Past- 1) _____ _____

2) _____ _____

3) _____ _____

Special Talent/Interest I would like to share with PNA-A (singing, musical instrument playing dancing, sport, event organizing, etc) _____

As a member of the PNA-A, I shall abide by the Statutes, Bylaws and Guidelines of the organization and defend its integrity, honor, and good name by: a) conducting myself in a professional manner at all times in the performance of my duties, mindful of the rights, dignity and privacy of others ; b) being honest, truthful and impartial in serving the organization and the community as a whole; and c) striving for the promotion and upliftment of the status & image of Filipino nurses in Austria.

I do understand that my membership to PNA-A is annually renewably upon approval by the Board of Governors and upon payment of the annual membership fee on or before the 30th of June each fiscal year.

I do hereby attest to the correctness & truthfulness of the above entries.

Mode of Payment: ☐ Cash ☐ Bank Transfer

_____, on_____ Signature: _____

(Place) (Date)

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APPROVED ON: _____as: ☐ Regular Member ☐ Associate Member ☐ Others:

FOR THE EXECUTIVE BOARD

LIBERTY BORSCHKE-DE LAS ALAS
2st Vice President

VIRGINIA RADL
President