

VIRGINIA ASSOCIATION OF GHANAIAN NURSES

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

* First Name:		
* Last Name:	Suffix:	
* Current Address:	Apartment #:	
* City:	* State:	* ZIP Code:
* E-mail:		
* Gender:	*Cell Phone Number:	

MEMBERSHIP

* Select VAGHAN Membership Level: <input type="checkbox"/> Active Member (1 Year) - \$ 75.00 <input type="checkbox"/> Active Member (2 Years) - \$ 150.00 <input type="checkbox"/> Associate Member (1 Year) - \$ 75.00 <input type="checkbox"/> Associate Member (2 Years) - \$ 150.00 <input type="checkbox"/> Student Membership (1 Year) - \$ 50.00	Active Member: A professional RN of Ghanaian ethnic origin domiciled in Virginia. Associate Member: A professional RN of Ghanaian ethnic origin domiciled in DC or Maryland. Student Membership: A Nursing Student of Ghanaian ethnic origin domiciled in VA, DC or Maryland .
* Virginia Region/DC/Maryland:	
* Nursing Specialty:	
* TOTAL DUE:	
* Application Type: <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal	
SIGNATURE	
By signing below, I certify all information is true and correct to the best of my knowledge.	
* Signature of applicant:	Date:

*** - REQUIRED**

VAGHAN shall not discriminate against any applicant or member on the basis of race, creed, age, sex, sexual orientation, religion or handicap.

Note:

- Once application is received and processed, the applicant will receive a registration confirmation via email.
- An email will be sent to the applicant with instructions in creating unique ID Log-in Name (Email Address) and Password. This will provide access to visit For-Members-Only section in the website and to update profile/account settings.

Make check payable to VAGHAN and mail to:

Membership Chair
2010 Opitz Blvd, Ste B
Woodbridge, VA 22191

For any Membership Application questions:

Membership Chairperson
Email: Ghana.nurses@gmail.com