

## THE JAMAICA NURSES GROUP OF NY, INC.

## APPLICATION FOR MEMBERSHIP

P.O. 250802, Brooklyn, N.Y 11225 www.jamaicanursesgroup.com

Demographics				
Name: (First Last)		es Group	0/	
Street Address:	100			105
City, State, Zip	7		/	Jak .
Telephone:	Home		Cell	81
Email		/		3/
18	11			=
Occupation (Please	e select)		-	31
o LPN	1	o RN		o STUDENT
o LPN	1	o RN		o STUDENT
		N. A.	7	o STUDENT
	ng (Please S	N. A.		o STUDENT
LPN  Occupational Setti      Home Care		N. A.	0	<ul><li>STUDENT</li><li>Nursing Home/LTC</li></ul>
Occupational Setti		Select)	0	
Occupational Setti		Select)  O Hospital	0	Nursing Home/LTC
Occupational Setti		Select)  O Hospital	0	Nursing Home/LTC
Occupational Setti      Home Care     Private  Dues		Select)  O Hospital		Nursing Home/LTC
Occupational Setti      Home Care     Private  Dues Occupation		Select)  O Hospital  O Retired		<ul><li>Nursing Home/LTC</li><li>Self-Employed</li></ul>
Occupational Setti     Home Care    Private		Select)  O Hospital O Retired  Initial Registration		<ul><li>Nursing Home/LTC</li><li>Self-Employed</li></ul> Annual Dues