

PHILADELPHIA RHEUMATISM SOCIETY

NURSE PRACTITIONERS, REGISTERED NURSES
AND PHYSICIAN ASSISTANTS

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please include a current copy of your Resume with application

Name: _____

Name of Practice/Institution: _____

Business Address: _____
Street Address City State Zip

Business Tel.: _____ **Fax:** _____

Home Address: _____
Street Address City State Zip

Home Tel.: _____ **Home Fax:** _____

E-mail: _____

EDUCATION:

Undergraduate

University/College: _____

Year of Graduation: _____

Post-Graduate Education

University/College: _____

Year of Graduation: _____

Date of State Licensure: _____

Type of Practice: _____

Reference: (1 member in good standing) _____

Please include with your documents, your check in the amount of \$100, made payable to "Philadelphia Rheumatism Society", and mail to Eileen O'Shaughnessy, 914 S. Clifton Street, Philadelphia, PA 19147.

Associate memberships are limited to members of the Allied Health Profession interested in joining the Philadelphia Rheumatism Society.