

| black nurses rock new england Membership Application | | |
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| Applicant Information | | |
| **Name *(print)*:** | | |
| Month and day of birth: | **Email:** | **Phone:** |
| Current address: | | |
| City: | State: | ZIP Code: |
| Employment Information | | |
| **Current employer:** | | |
| Employer address: | | How long? |
| Phone: | Level of education: | Any Certifications? |
| City: | State: | ZIP Code: |
| Position: | | |
| Emergency Contact | | |
| **Name:** | | |
| Address: | | **Phone:** |
| City: | State: | ZIP Code: |
| **Relationship:** | | |
| How did you hear about black nurses rock new england (Bnrne) | | |
| Referred by someone | Who referred you: | |
| Social Media Outlet |  | |
| BNRNE Event | What Event: | |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my licensure and employment. I certify the information provided in this application is complete and accurate. I understand that Black Nurses Rock New England may verify any information I have provided in this application and deny me membership if any information is found to be incomplete or inaccurate. | | |
| **Signature of applicant:** | | **Date:** |

