

| black nurses rock new england Membership Application |
| --- |
| 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:** |

