Application for Membership & Annual Renewal Nurse Honor Guard of the River Cities

Full Name:		Professional Title		
Licensure: State		Active	Inactive	
Phone # (home)	(cell)		Do you text y n	
Email Address: (please print)				
Address: State Zip		_City		
StateZip				
Birth day and month				
Do you have a Facebook account – Do you grant permission for y	your birthday, ph	one num	ber, email and	
address to be shared on the m Facebook members page? Ye	_		ur private group	
Which time(s) would best suit you	for meetings:			
Weekdays Weekends	AM(9 am-no	on) P	M(4pm-7pm)	
Character reference #1: Name/con	ntact information			
Character reference #2: Name/cor	ntact information			
Date of Application				
Check any tasks you might be inte	. 1.			

Check any tasks you might be interested in:

- Performing in Ceremonies requires uniform, travel, and training.
- Fund Raising requires committee meetings, telephone contacts and/or visiting potential donors. Helping to organizes fundraising ideas,
- Outreach requires committee meetings, contacting nurses potentially interested in membership, assisting them in filling out membership application, and assuring that they are contacted by a member of the NHGRC Outreach Committee.

Contacting potential sources of information regarding fallen nurses whose families may wish to use NHGRC services and relaying information to NHGOTRC, and/or visiting/speaking to funeral homes, hospices, Pathways, nursing homes etc. to enlighten them about services we offer.

Order Form (prices are subject to change, make check out to Nurse Honor Guard of the River Cities.

	Cost	Payable to:	Amt.	Date Paid
Cap with ribbon	\$22.00	NHGOTRC		
Cape	\$50-labor \$10.50- material	NHGOTRC		
NHG Badge	\$7.50	NHGOTRC		
Dues	60.00 year (New Members prorated per month when joining after Jan)	NHGOTRC		